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**National Highway
Traffic Safety
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*** *** ***



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NATIONAL CAPITOL SYSTEMS, INC.

AIRBAG INVESTIGATION

CASE NO. 92-04

, COLORADO

TECHNICAL REPORT

[REDACTED] INC.
[REDACTED]
[REDACTED]

AIRBAG INVESTIGATION

CASE NO. 92-04

[REDACTED], COLORADO

Contract No. DTHN 22-87-C-17169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

TECHNICAL REPORT STANDARD TITLE PAGE

1. Report No.	2. Government Accession No.	3. Recipient's Catalog No.	
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9. Performing Organization Name and Address ██████████ Inc. ██████████ ██████████		10. Work Unit No.	
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15. Supplementary Notes 1992 Chevrolet Corsica (case vehicle), equipped with a driver's side airbag supplemental restraint system, 1992 Pontiac Grand Am, and 1984 Nissan 300ZX.			
16. Abstract See Summary (pp. 1)			
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TABLE OF CONTENTS

<u>Item</u>	<u>Page No.</u>
Summary	1
Accident Schematic	2
Identification	3
Ambience	3
Roadway	3
Traffic Controls	4
Vehicles	4
Vehicle Damage	5
Collision Sequence	6
Vehicle Velocity Estimates	7
Relevant Safety Issues	7
Human Factors/Occupant Data/Airbag Vehicle	8
Driver Injuries	8
Driver Kinematics	8
Human Factors/Occupant Data/Airbag Vehicle/Occupant #2	9
Occupant Kinematics	9
Human Factors/Occupant Data/Vehicle #2	10
Human Factors/Occupant Data/Vehicle #3	11
List of Attachments	11
Other Sources of Data	11
Selected Prints	12
Slide Index	14
Police Photograph Index	16
Appendix A: Police Accident Report	17
Appendix B: NASS Data Collection Forms	22
Appendix C: Airbag Supplement	88
Appendix D: Newspaper Article	95
Appendix E: CRASH 3 Output	98

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NCSI In-Depth Accident Investigation Team
Airbag Accident Investigation
[REDACTED] Colorado
Case No. 92-04

SUMMARY

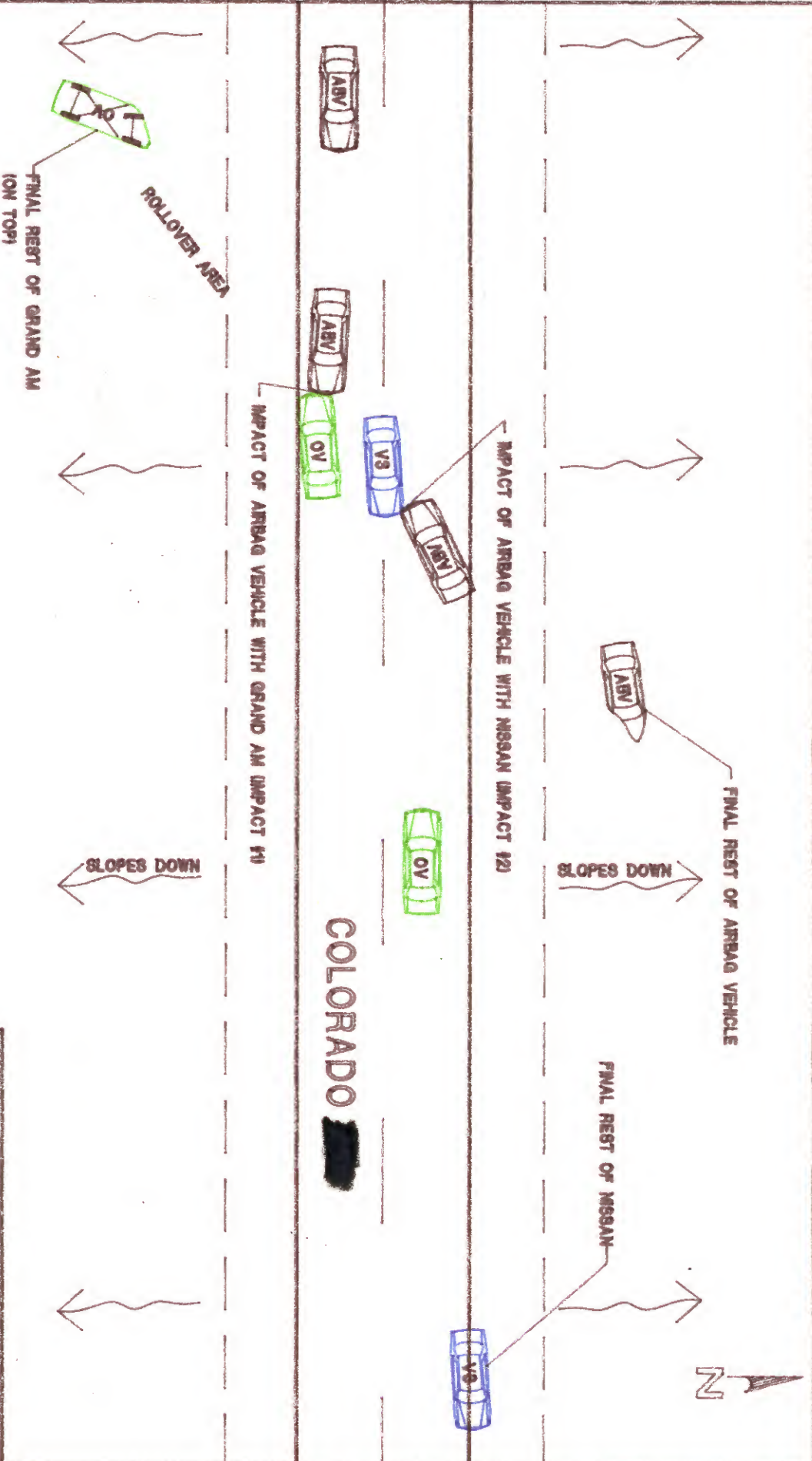
This is an in-depth study of an accident involving an airbag equipped 1992 Chevrolet Corsica, a 1992 Pontiac Grand Am, and a 1984 Nissan 300ZX. The accident occurred on [REDACTED] 1992 at [REDACTED] hours on [REDACTED] State Route [REDACTED], approximately [REDACTED] miles east of [REDACTED]. In-depth scene and vehicle inspections were conducted on [REDACTED] 1992.

According to the police accident report, the 1992 Grand Am was traveling west and the Corsica and 300ZX were traveling east. The Grand Am crossed over into the eastbound travel lane into the path of the oncoming Corsica. The front-right surface of the Grand Am impacted the front-right surface of the Corsica in a head-on impact in the eastbound travel lane. After the initial impact with the Grand Am, the Corsica rotated clockwise into the westbound lane and the front-left surface of the Corsica was impacted by the front-left surface of the 300ZX. Following the second impact, the Corsica departed the roadway on the north edge and came to rest north of the road heading east. After impacting the Corsica, the Grand Am rotated clockwise, departed the roadway on the south edge, rolled two quarter turns and came to rest on its top heading northeast. The 300ZX came to rest at the north edge of the north shoulder heading east.

In the vicinity of the accident, the State Route [REDACTED] is a straight, level, two-lane, undivided asphalt roadway with a posted speed limit of 55 miles per hour.

The driver and front-right occupant of the Grand Am, as well as the front-right occupant of the Corsica were fatally injured. The driver of the airbag equipped Corsica suffered two foot fractures and other minor injuries, which were not life-threatening. The Driver of the 300ZX was not injured. All occupants of the vehicles in the accident were restrained by three-point lap and shoulder belt systems, and only the driver's position of the Corsica was equipped with an airbag.

A CDC of 12 FDEW-6 was assigned to the damage to the Corsica and the Grand Am. Maximum residual crush to the front of the Corsica was approximately 61 inches and about the same to the front of the Grand Am. Damaged components were too numerous to list in this summary.



NHTSA SOUTH CENTRAL STATES INDEPTH ACCIDENT INVESTIGATION TEAM		CASE NUMBER 02-04
ACCIDENT DATE: [REDACTED] 1992	LOCATION: STATE ROUTE [REDACTED] COLORADO	
LEGEND OF SYMBOLS		
ABV • AIRBAG VEHICLE (1992 CHEVROLET CORICA)		
OV • OTHER VEHICLE (1992 PONTIAC GRAND AM)		
VS • VEHICLE 19 (1994 NISSAN 300ZX)		
[REDACTED] INC.		SCALE: 1" = 20'

NCSI IN-DEPTH ACCIDENT INVESTIGATION
AIRBAG ACCIDENT INVESTIGATION

FLEET - Private Owner
LOCATION - [REDACTED] Colorado
CASE NO. - 92-04

IDENTIFICATION

Location/Street: State Route [REDACTED]
Area/Type: Rural
Accident Date/Time: [REDACTED] 1992 at [REDACTED] hours
Notification Date: [REDACTED] 1992
Investigating Police Agency: [REDACTED] State Patrol
Accident Type: Car / Car - Head-on
Air Bag Vehicle
Occupant Injury Severity: Moderate (AIS-2)

AMBIENCE

Viewing Conditions: Daylight
Weather: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

Location: [REDACTED]
Type: Arterial
Width: 24.25'
Number of Lanes: Two
Median: None
Surface Material: Asphaltic aggregate
Road Edge: Paved shoulders
Traffic Density: Moderate

ROADWAY, CONTINUED

Coefficient Of Friction: .65 (estimated)
Vertical Alignment: Level (at impact)
Horizontal Alignment: Straight

TRAFFIC CONTROLS

Signals/Signs: None
Speed Limit: 55 miles per hour

VEHICLES

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Year:	1992	1992
Make:	Chevrolet	Pontiac
Model:	Corsica	Grand Am
Body Style:	Four-door sedan	Four-door sedan
V.I.N.:	1G1LT53T2 [REDACTED]	1G2NE54N0N [REDACTED]
Exterior Color:	White	Black
Odometer Reading:	4045.5	Unknown
Securiflex Windshield:	Not equipped	
Windshield Damage:	Yes	
Engine:	Unknown	
Transmission:	Automatic w/ floor mounted selector	
Steering:	Power-assisted	
Brake System:	Power-assisted	
Interior Padding:	Instrument panel, door panels, arm- rests, head re- straints, sunvisors, upper "A" pillars, steering wheel.	

VEHICLES, CONTINUED

Driver Active
Restraint System
Availability: Active three-point
lap and shoulder belt

Driver Active
Restraint System
Usage: Lap and shoulder belt

Usage Source: PAR and vehicle
inspection

Passive Restraint
System: Driver airbag

VEHICLE DAMAGE

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Object Struck:	Vehicle #2	Airbag vehicle
Event Number:	One	One
Damage Location:	Front	Front
CDC:	12-FDEW-6	12-FDEW-6
Tow Status:	Towed	Towed
Exterior Damage:	<p>The frontal surface of the airbag vehicle struck the frontal surface of the Grand Am in a head-on impact. Direct damage and direct plus induced damage extended a length of 52.0 inches across the frontal plane of the Corsica. Maximum residual crush to the frontal surface was approximately 61 inches, located at C6. Crush measurements taken across the frontal plane were:</p> <p>C1 = 15.0 inches C2 = 21.2 inches C3 = 30.0 inches C4 = 37.1 inches C5 = 44.2 inches C6 = 61.2 inches</p>	<p>The frontal surface of the Grand Am struck the frontal surface of the Corsica in a head-on impact. The vehicle was not inspected by the author of this report. Damage was estimated from police photographs of the vehicle. Direct and direct plus induced damage extended a length of approximately 60 inches across the frontal plane of the vehicle. Maximum residual crush to the frontal surface was estimated to be approximately 65 inches, located at C6.</p>

VEHICLE DAMAGE, CONTINUED

Damaged Components:

Damaged components included all frontal components, grille, hood, windshield, doors, roof, etc. See photos.

Damaged components included all frontal components, hood, grille, windshield, roof, engine, etc. See photos.

Interior Damage:

The steering assembly was broken at the point where the column enters the instrument panel. The most severe intrusions were: left instrument panel (7.75"), center instrument panel (12.0"), right instrument panel (22.0"), right side A pillar (26.5"), right front toe pan (22.0"), right front windshield (14.75"), right front windshield header (11.0"), and right front side panel (10.0").

The Grand Am was not inspected, but from police photographs, the intrusions appeared to be similar to the Corsica.

COLLISION SEQUENCE

Pre-crash:

At approximately [REDACTED] hours on [REDACTED] 1992, the case vehicle, a 1992 Chevrolet Corsica equipped with a driver airbag supplemental restraint system, was traveling east on state route [REDACTED] in rural [REDACTED] Colorado. A 1992 Pontiac Grand Am was traveling west on Colorado [REDACTED]. For unknown reasons, the Grand Am drifted across the center line and into the westbound travel lane.

Crash:

The frontal surface of the Corsica struck the frontal surface of the Grand Am in a nearly full-frontal head-on impact.

Post-crash:

After the impact with the Grand Am, the Corsica rotated clockwise and traveled into the westbound travel lane where the front-left corner of the Corsica was struck by the front-left corner of a Nissan 300 ZX which was traveling east. Following the second impact, the Corsica departed the road and came to rest approximately 10 feet north of the road headed east.

Post-crash,
continued

After striking the Corsica, the Grand Am rotated clockwise, overturned, and departed the road on the south side. It came to rest south of the road on its top headed northeast. The 300 ZX Came to rest on the north shoulder headed east.

Police
Activities:

The [REDACTED] Patrol was notified of the accident at [REDACTED] hours and a Patrol unit arrived on the scene at [REDACTED] hours.

Rescue
Activities:

The front-right occupant of the Corsica, and the driver and front-right occupant of the Grand Am were pronounced dead at the scene. The driver of the Corsica was transported by ambulance to a local hospital. The driver of the 300 ZX was not injured. The Corsica and Grand Am were towed from the accident site and the 300ZX was driven away following the police investigation of the accident.

VEHICLE VELOCITY ESTIMATES

A CRASH 3 computer reconstruction of the accident yielded a speed change (Delta-V) of 43 miles per hour for the Corsica, with a longitudinal speed change of -43 miles per hour and a lateral speed change of 4 miles per hour. Delta-V values for the Grand Am were 41 miles per hour for total Delta-V with -41 miles per hour for the longitudinal component and -4 miles per hour for the lateral component. These values should be considered as estimates because the C values for the Grand Am were estimated from police photographs.

RELEVANT SAFETY ISSUES

Applicable Standards:FMVSS 208:

Occupant Crash Protection: The 1992 Chevrolet Corsica was equipped with a factory installed driver supplemental airbag restraint system. The driver airbag was deployed during the crash, reducing the severity of the injuries to the driver.

HUMAN FACTORS/OCCUPANT DATA/AIRBAG VEHICLE

DRIVER DATA

Age: 52
Sex: Female
Height: 67 inches
Weight: 130 lbs.
Occupation: Housewife
Active Restraint System Usage: Three-point lap and shoulder belt
Usage Source: Police Accident Report
Vision: Apparently normal
Vehicle Familiarity: This trip only
Route Familiarity: Unknown
Manner of Leaving Scene: Ambulance
Type of Medical Treatment: Unknown
Physical State: Apparently normal
Psychological State: Apparently normal

DRIVER INJURIES

<u>Injury Description</u>	<u>Severity</u>	<u>Source</u>
Fractures of the heels of both feet	Moderate (AIS-2)	Floor

Injury Coding

	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury
1st	Q	R	F	S	2	56	1
2nd	Q	L	F	S	2	56	1

DRIVER KINEMATICS

The driver was apparently seated in a normal position and was fully restrained by the active three-point lap and shoulder belt system of the Corsica. In response to the frontal impact force she moved forward relative to the vehicle interior, striking the deployed airbag. Her feet impacted the floor, fracturing both feet.

HUMAN FACTORS / OCCUPANT DATA / AIRBAG VEHICLE / OCCUPANT #2

OCCUPANT DATA

Age: 73
Sex: Male
Height: 73 inches
Weight: 200 lbs.
Occupation: Minister
Active Restraint
System Usage: Three-point lap
and shoulder belt
Usage Source: Police Accident Report
and vehicle inspection
Manner of Leaving Scene: Unknown
Type of Medical Treatment: Dead at scene

OCCUPANT KINEMATICS

The front-right occupant of the Corsica was restrained by the active three-point lap and shoulder belt system of the Corsica. Upon impact with the Grand Am, he moved forward relative to the vehicle interior, striking the right instrument panel which was intruded approximately 22 inches. He also struck the center dash, floor, right side door, and right side door hardware. The force of the intruding right front components moved the front-right seat rearward until the back of the front seat was resting against the frontal surface of the rear-right seat cushion. This occupant suffered fatal injuries in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #2

DRIVER DATA

Age: 51
Sex: Female
Height: Unknown
Weight: Unknown
Active Restraint
System Usage: Three-point lap
and shoulder belt
Usage Source: Police Accident Report
Manner of Leaving Scene: Unknown
Type of Medical Treatment: Dead at scene

DRIVER INJURIES

The driver of the Grand Am suffered unknown fatal injuries in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #2 / OCCUPANT #2

OCCUPANT DATA

Age: 57
Sex: Male
Height: Unknown
Weight: Unknown
Active Restraint
System Usage: Three-point lap
and shoulder belt
Usage Source: Police Accident Report
Manner of Leaving Scene: Unknown
Type of Medical Treatment: Dead at scene

OCCUPANT INJURIES

The front-right occupant of the Grand Am suffered unknown fatal injuries in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #3

DRIVER DATA

Age: 57
Sex: Male
Height: Unknown
Weight: Unknown
Active Restraint
System Usage: Three-point lap
and shoulder belt
Usage Source: Police Accident Report
Manner of Leaving Scene: Drove vehicle
Type of Medical Treatment: Not injured

LIST OF ATTACHMENTS

Appendix A: Police Accident Report
Appendix B: NASS Data Collection Forms
Appendix C: Airbag Supplement Form
Appendix D: Newspaper Article
Appendix E: CRASH 3 Output

OTHER SOURCES OF DATA

~~REDACTED~~

Interview with friend of airbag vehicle occupants

SELECTED PRINTS
NCSI Case No. 92-04

1. Pre-impact travel path of the 1992 Chevrolet Corsica (airbag equipped vehicle) east on [REDACTED] Route [REDACTED]
2. Area of impact with the 1992 Pontiac Grand Am and 1984 Nissan 300 ZX.
- 3-5. Path of Corsica from impacts to final rest.
6. Opposite view from beyond impacts.
7. Pre-impact travel path of the 1992 Pontiac Grand Am, west on [REDACTED].
8. Path of Grand Am across the centerline into the eastbound travel lane.
9. Grand Am at impact with the Corsica.
- 10-11. Path of Grand Am from impact with the Corsica to rollover and final rest.
- 12-13. Opposite views from beyond impacts.
14. Path of the Nissan 300ZX into impact with the Corsica.
15. 300ZX at impact with the Corsica.
16. Path of 300ZX from impact to final rest.
- 17-19. Frontal views of the airbag equipped 1992 Chevrolet Corsica showing crush from impact with the Grand Am.
20. Front-right overall view of the Corsica.
21. Right side view showing rearward displacement of the A pillar.
22. Rear-right overall view.
23. Rear-left overall view.
24. Front-left overall view.
- 25-26. Close-up views of occupant contacts to the deployed driver airbag. Lipstick and make-up appear near the center of the airbag. Blood on the airbag may be from the front-right occupant and probably occurred after the crash.
27. Driver's door of the Corsica showing occupant contact to the door surface.
28. View of the lower left front instrumental panel and below showing possible occupant contacts to the dash and floor.

- 29-31. Views of the center and right instrument panel and below showing occupant contacts to the dash, emergency brake handle, and floor.
32. View of right front occupant space showing occupant contacts to the door, A pillar, armrest and B pillar.

SLIDE INDEX
NCSI Case 92-04

SCENE SLIDES

- 1-2. Pre-impact travel path of the 1992 Chevrolet Corsica (equipped with a driver airbag) east [REDACTED] Route [REDACTED] in rural [REDACTED] Colorado.
3. Area of impact (in the eastbound travel lane) of the frontal surface of the Corsica with the frontal surface of a 1992 Pontiac Grand Am.
4. Path of the Corsica from impact with the Grand Am to impact with a 1984 Nissan 300ZX.
5. Area of impact with the Nissan.
- 6-7. Path of the Corsica from impacts to final rest and final rest area.
- 8-9. Opposite views from beyond impact and final rest.
10. Pre-impact travel of the 1992 Pontiac Grand Am west on [REDACTED]
11. Path of the Grand Am across the centerline and into the westbound travel lane.
12. Area of impact of the Grand Am with the Corsica.
- 13-14. Path of Grand Am from impact with the Corsica to rollover and final rest.
15. Opposite view from beyond impact with the Corsica.
16. Opposite view from beyond rollover and final rest.
17. Path of the Nissan east on [REDACTED] into impact. Dark skids at scene are from the Nissan.
18. Area of impact of the Nissan with the Corsica.
19. Path of the Nissan after impact.

VEHICLE SLIDES

- 20-23. Frontal views of the 1992 Chevrolet Corsica, equipped with a driver airbag showing damage from impact with the Grand Am (most of entire front), and 300ZX (front-left corner).
- 24. Front-right overall view.
- 25-29. Right side views showing rearward deformation of frontal and right side components.
- 30. Rear-right overall view.
- 31. Rear-left overall view.
- 32. Left side overall view.
- 33. Front-left overall view.
- 34. View of damage to windshield.
- 35-36. Views of occupant contacts to driver's door.
- 37. Overall view looking through driver's door.
- 38-40. Views of steering assembly showing damage to steering column.
- 41-42. Views of occupant contacts to left dash and floor.
- 43-53. Views of front-center and front-right seat positions showing occupant contacts to center and right dash, floor, door and door armrest, side panel, and upper right A pillar.
- 54-55. Views of occupant contacts to deployed airbag. Lipstick marks are seen near the center of the airbag and blood os present on the right side of the airbag.
- 56. View of driver's three-point lap and shoulder belt restraint system showing stretching of the belt webbing.
- 57. View of the front-right occupant's three-point lap and shoulder belt system which was cut by rescue personnel.







































































































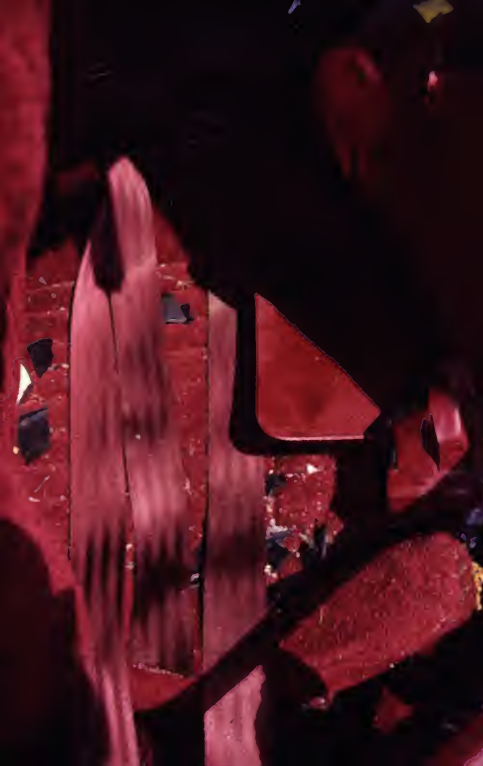






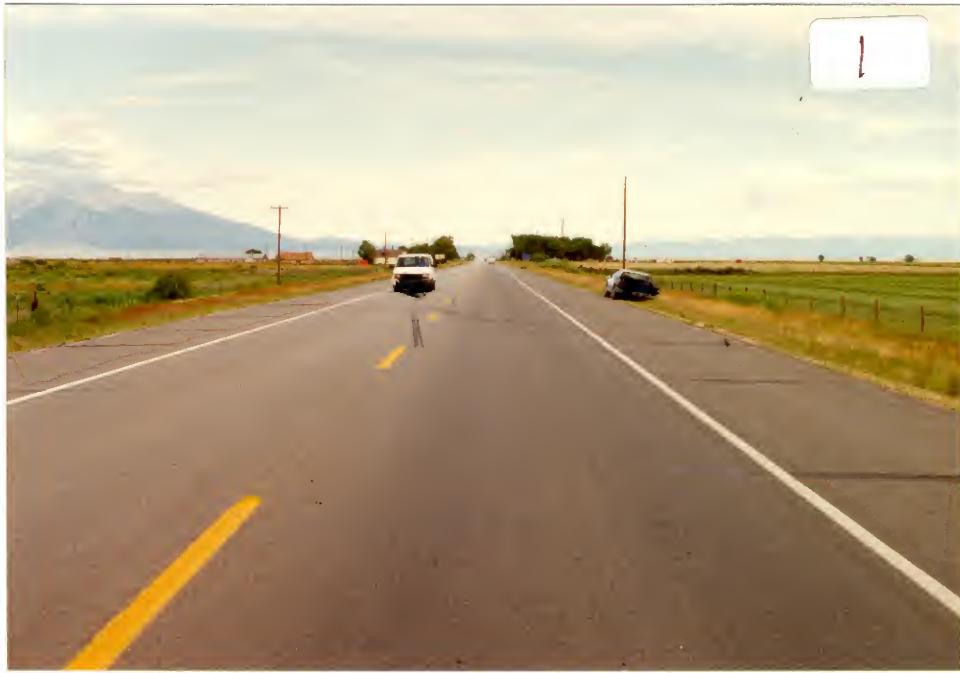






POLICE PHOTOGRAPH INDEX
NCSI 92-04

1. Photo of the accident site looking along the pre-impact travel path of the airbag equipped 1992 Chevrolet Corsica and 1984 Nissan 300ZX, east on [REDACTED] in rural [REDACTED].
2. Area of impact of the Corsica with the 1992 Pontiac Grand Am and the 1984 Nissan 300ZX, looking east. The photo shows the Corsica at final rest north of the road.
3. Photo of the area of both Corsica impacts and path of Corsica from impact to final rest.
- 4-5. Photos of the Corsica at final rest.
6. Photo of the accident site looking along the pre-impact travel path of the 1992 Pontiac Grand Am, west on [REDACTED]. This photo also shows the Grand Am at final rest south of the road and the Corsica at final rest north of the road.
7. Area of impact of the Grand Am with the Corsica and rollover and final rest of the Grand Am.
8. Photo of the Grand Am at final rest.
9. Opposite view from beyond final rest of the Grand Am looking back toward impact area. This photo also shows the Corsica at final rest.
10. Opposite view photo from beyond final rest of the 300ZX at the north edge of the road. This photo also shows the Corsica at final rest.
- 11-12. Photo of damage to the Grand Am taken at the police impound yard.



































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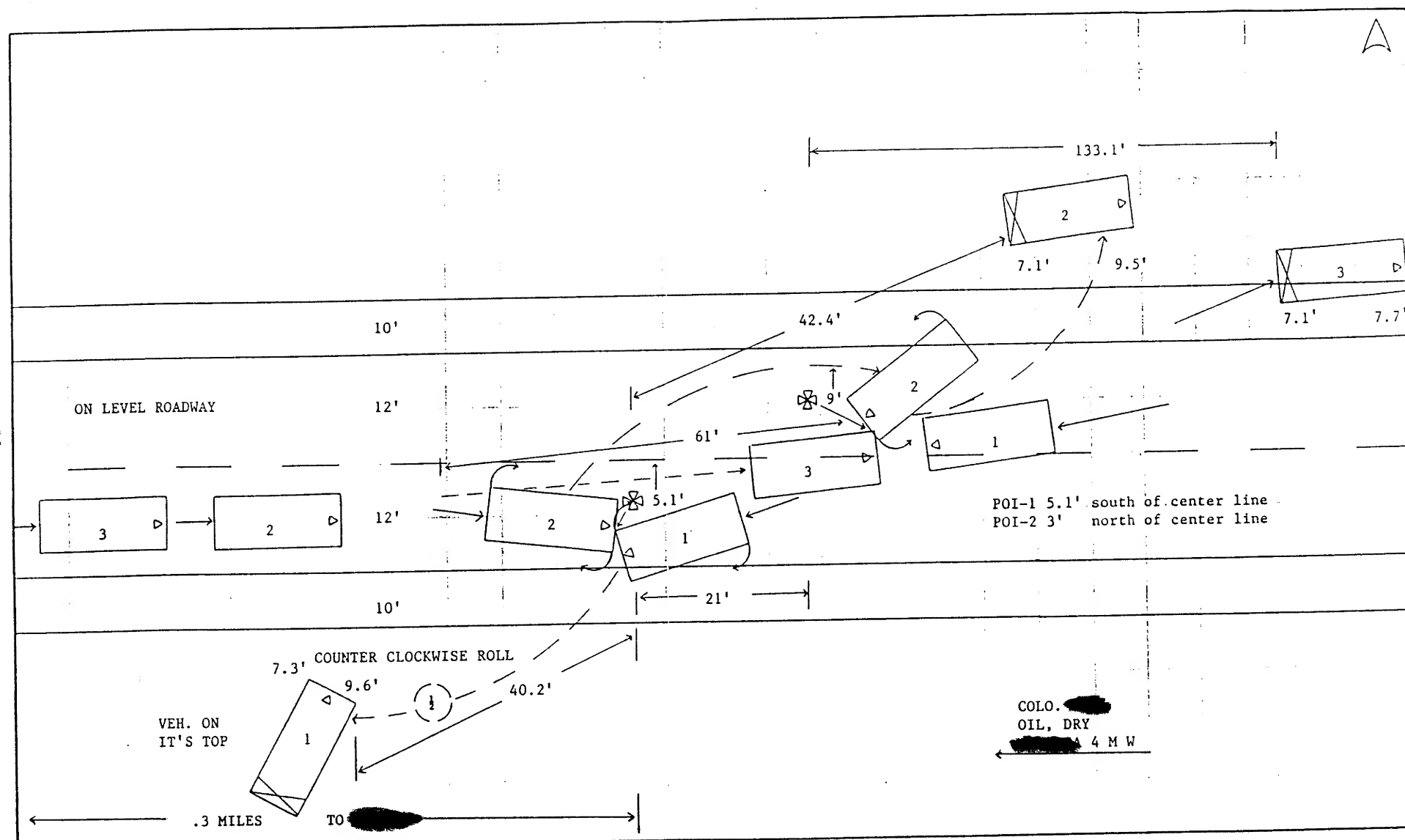
Appendix A
Police Accident Report

DEPT. OF REVENUE ACCIDENT RECORDS DR-447 (1/80)		INVESTIGATOR'S TRAFFIC ACCIDENT REPORT				CITY SERIAL NUMBER		STATE SERIAL NUMBER	
ROAD CODE									
DATE OF ACCIDENT 92		TIME		DAY OF WEEK		CITY		COUNTY	
DATE NOTIFIED 92		TIME		INVESTIGATED AT SCENE X		LAW ENFORCEMENT AGENCY STATE PATROL		REVIEWING OFFICER	
DATE FILED 92		TIME		OFFICER NUMBER		NAME		SIGNATURE	
DATE OF 92		LOCATION ROUTE STREET, ROAD X MILES FEET N S E W OF ROUTE, ST. RD, MILEPOST							
NUMBER KILLED 3		NUMBER INJURED 1		COLO.		AT THE INTERSECTION WITH MM-237			
PUBLIC PROPERTY		TOTAL VEHICLES 3		DISTRICT NUMBER 5B		PHOTO TAKEN X		RAILROAD CROSSING	
CONST. ZONE		WILD GAME		PRIVATE PROPERTY		INCOMPLETE REPORT			
VEH #1 OR LAST NAME FIRST MI					VEH #2 OR LAST NAME FIRST MI				
PARKED UNATTENDED PEDESTRIAN #					PARKED UNATTENDED PEDESTRIAN #				
STREET ADDRESS RES PHONE					STREET ADDRESS RES PHONE				
CITY STATE ZIP CODE MO.					CITY STATE ZIP CODE TN.				
DRIVER STATE SEX DATE OF BIRTH MO. F					DRIVER STATE SEX DATE OF BIRTH TN. F				
VIOLATION(S) AGE 51					VIOLATION(S) AGE 52				
VIOLATION CODE(S) CITATION NUMBER(S) COMMON CODE(S)					VIOLATION CODE(S) CITATION NUMBER(S) COMMON CODE(S)				
YEAR 1992 MAKE PONTIAC MODEL GRANDAM					YEAR 1992 MAKE CHEVROLET MODEL CORSCICA				
LIC. PLATE NO. STATE MO. BODY TYPE 4DR COLOR BLK					LIC. PLATE NO. STATE CO. BODY TYPE 4DR COLOR WHT				
VEH IDENT NO. 1G2NE54NON					VEH IDENT NO. 1GILT53T2				
VEH OWNER LAST NAME FIRST MI MOTORS LTD					VEH OWNER LAST NAME FIRST MI				
ADDRESS CITY STATE ZIP CODE MO.					ADDRESS CITY STATE ZIP CODE CO.				
INS. CO. DAMAGE SEVERITY 1-SLIGHT 2-MODERATE 3-EXTREME FIRST INS AGENCY					INS. CO. DAMAGE SEVERITY 1-SLIGHT 2-MODERATE 3-EXTREME SHELBY INS GRP				
EXP. DATE					EXP. DATE				
20 Undercarriage 3					20 Undercarriage 3				
VEH # TOWED BY					VEH # TOWED BY				
OWNER OF DAMAGED PROP. LAST NAME FIRST MI					ADDRESS CITY STATE ZIP CODE				
DESCRIBE ACCIDENT									
Veh. (1) Colo. drifted into the EB lane to impact head on with									
veh. (2). veh. (1) then made a clockwise spin off the south edge of the highway before									
making a 1 time counter clockwise roll to come to rest on its top to face north.									
Veh. (2) EB Colo. when struck by veh. (1). Veh. (2) then made a clock-									
wise spin before impacting head on with veh. (3), veh. (2) then made a counter clock-									
wise spin off the north edge of the highway to come to rest on its wheels to face									
east. Veh. (3) EB Colo. made a 61' all wheel skid before impacting head									
on with veh. (2) in the WB lane. Veh. (3) then traveled an additional 131' to come									
to rest on its wheels in the WB shoulder to face east.									
INDICATE NORTH BY ARROW									
DIAGRAM ON REVERSE SIDE									
VEH # (1) Pos (2) Ins (3) Eject (4) Inj (5) Inj (6) Stat (7) Trp (8) Age (9) Sex (10) Name/Addr (11)									
1 1 1 2 5 51 F SAME AS DRIVER									
1 3 1 2 5 57 M									
2 1 1 2 4 52 F SAME AS DRIVER									
2 3 1 2 5 73 M									
3 1 1 2 1 57 M									

STATE SERIAL NUMBER

DA-447 (1/90)

102



<p>A. BY LOCATION</p> <ol style="list-style-type: none"> ON ROADWAY ACCIDENT RAN OFF LEFT SIDE RAN OFF RIGHT SIDE RAN OFF "T" INTERSECTION <p>B. BY FIRST HARMFUL EVENT</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>NON-COLLISION ACCIDENT</p> <ol style="list-style-type: none"> OVERTURNING ACCIDENT OTHER NON-COLLISION ACCIDENT <p>COLLISION ACCIDENT</p> <ol style="list-style-type: none"> INVOLVING PEDESTRIAN SCHOOL AGE TO/FROM SCHOOL ALL OTHERS INVOLVING MTR VEH IN TRANSPORT BROADSIDE HEAD-ON REAR-END SIDESWIPE-SAME DIRECTION SIDESWIPE-OPPOSITE DIRECTION APPROACH TURN OVERTAKING TURN PARKED MOTOR VEHICLE RAILWAY VEHICLE BICYCLE MOTORIZED BICYCLE INVOLVING ANIMAL DOMESTIC WILD </td> <td style="vertical-align: top;"> <p>COLLISION ACCIDENT INVOLVING FIXED OBJECT</p> <ol style="list-style-type: none"> LIGHT POLE/UTILITY POLE TRAFFIC SIGNAL POLE SIGN BRIDGE RAIL GUARD RAIL MEDIAN BARRIER BRIDGE ABUTMENT COLUMN OR PIER CULVERT OR HEADWALL EMBANKMENT CURB DELINEATOR POST FENCE TREE LARGE BOULDER ROCKS IN ROADWAY BARRICADE WALL/BUILDING CRASH CUSHION MAILBOX OTHER FIXED OBJECT INVOLVING OTHER OBJECT ROAD MAINTENANCE EQUIP </td> </tr> </table> <p>C. BY DAMAGE SEVERITY</p> <ol style="list-style-type: none"> DISABLING DAMAGE ACCIDENT FUNCTIONAL DAMAGE ACCIDENT OTHER MTR VEH DAMAGE ACCIDENT OTHER PROPERTY DAMAGE ACCIDENT NO DAMAGE ACCIDENT <p>D. BY ROAD DESCRIPTION AT ACCIDENT LOCATION</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> AT INTERSECTION AT DRIVEWAY ACCESS INTERSECTION RELATED IN MID-BLOCK (CITY) </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> IN ALLEY NON-INTERSECTION (RURAL) HIGHWAY INTERCHANGE </td> </tr> </table> <p>E. BY ROAD CONTOUR</p> <ol style="list-style-type: none"> STRAIGHT, ON-LEVEL STRAIGHT, ON-GRADE CURVE, ON-LEVEL CURVE, ON-GRADE HILLCREST <p>F. BY ROAD SURFACE</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> CONCRETE BLACKTOP (BITUMINOUS) BRICK OR BLOCK SLAG GRAVEL OR STONE </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> DIRT OTHER UNK </td> </tr> </table> <p>G. BY ROAD CONDITION</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> DRY WET MUDDY SNOWY </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> ICY SLUSHY FOREIGN MATERIAL ICY ROAD TREATMENT </td> </tr> </table> <p>H. BY LIGHTING CONDITION AT ACCIDENT LOCATION</p> <ol style="list-style-type: none"> DAYLIGHT DAWN OR DUSK DARK, LIGHTED DARK, UNLIGHTED <p>J. BY ADVERSE WEATHER CONDITION</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> NONE RAIN SNOW/SLEET/HAUL </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> FOG DUST WIND </td> </tr> </table>	<p>NON-COLLISION ACCIDENT</p> <ol style="list-style-type: none"> OVERTURNING ACCIDENT OTHER NON-COLLISION ACCIDENT <p>COLLISION ACCIDENT</p> <ol style="list-style-type: none"> INVOLVING PEDESTRIAN SCHOOL AGE TO/FROM SCHOOL ALL OTHERS INVOLVING MTR VEH IN TRANSPORT BROADSIDE HEAD-ON REAR-END SIDESWIPE-SAME DIRECTION SIDESWIPE-OPPOSITE DIRECTION APPROACH TURN OVERTAKING TURN PARKED MOTOR VEHICLE RAILWAY VEHICLE BICYCLE MOTORIZED BICYCLE INVOLVING ANIMAL DOMESTIC WILD 	<p>COLLISION ACCIDENT INVOLVING FIXED OBJECT</p> <ol style="list-style-type: none"> LIGHT POLE/UTILITY POLE TRAFFIC SIGNAL POLE SIGN BRIDGE RAIL GUARD RAIL MEDIAN BARRIER BRIDGE ABUTMENT COLUMN OR PIER CULVERT OR HEADWALL EMBANKMENT CURB DELINEATOR POST FENCE TREE LARGE BOULDER ROCKS IN ROADWAY BARRICADE WALL/BUILDING CRASH CUSHION MAILBOX OTHER FIXED OBJECT INVOLVING OTHER OBJECT ROAD MAINTENANCE EQUIP 	<ol style="list-style-type: none"> AT INTERSECTION AT DRIVEWAY ACCESS INTERSECTION RELATED IN MID-BLOCK (CITY) 	<ol style="list-style-type: none"> IN ALLEY NON-INTERSECTION (RURAL) HIGHWAY INTERCHANGE 	<ol style="list-style-type: none"> CONCRETE BLACKTOP (BITUMINOUS) BRICK OR BLOCK SLAG GRAVEL OR STONE 	<ol style="list-style-type: none"> DIRT OTHER UNK 	<ol style="list-style-type: none"> DRY WET MUDDY SNOWY 	<ol style="list-style-type: none"> ICY SLUSHY FOREIGN MATERIAL ICY ROAD TREATMENT 	<ol style="list-style-type: none"> NONE RAIN SNOW/SLEET/HAUL 	<ol style="list-style-type: none"> FOG DUST WIND 	<p>K. BY VEHICLE TYPE</p> <ol style="list-style-type: none"> PSGR CAR/PSGR VAN PSGR CAR/PSGR VAN W/TLR PICKUP TRUCK/UTILITY VAN PICKUP TRUCK/UTILITY VAN W/TLR TRUCK, SELF-CONTAINED (GR VEH WT 10,000 LBS OR LESS) TRUCKS OVER 10,000 LBS AND BUSES OVER 15 PERSONS (Complete supplemental form DR447A-Appendix G) MOTOR HOME SCHOOL BUS LESS THAN 15 PEOPLE NON-SCHOOL BUS LESS THAN 15 PEOPLE MOTORCYCLE BICYCLE MOTORIZED BICYCLE FARM EQUIPMENT HIT-AND-RUN/UNK VEH (Complete supplemental form DR447A-Appendix G) OTHER (DESCRIBE VEH IN ACC REPORT NARRATIVE) <p>L. BY DIRECTION OF TRAVEL</p> <ol style="list-style-type: none"> NORTH NORTHEAST EAST SOUTHEAST SOUTH SOUTHWEST WEST NORTHWEST <p>M. BY VEHICLE MOVEMENT</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> GOING STRAIGHT SLOWING STOPPED IN TRAFFIC MAKING RIGHT TURN MAKING LEFT TURN MAKING U-TURN PASSING BACKING </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> ENTER/LEAVING PARKED POSITION STARTING IN TRAFFIC PARKED CHANGING LANES AVOIDING OBJECT IN ROADWAY WEAVING OTHER (SPECIFY IN NARRATIVE) </td> </tr> </table> <p>N. BY VEHICLE DEFECT</p> <ol style="list-style-type: none"> NO APPARENT CONTRIBUTING FACTORS BRAKES INOPERATIVE/OUT OF ADJUSTMENT IMPROPER TIRES FOR CONDITIONS SUDDEN TIRE FAILURE WINDOWS OBSCURED INOPERABLE SIGNALLING DEVICES DEFECTIVE HEADLIGHT/S DEFECTIVE TAIL BRAKE LIGHT/S OTHER CONTRIBUTING FACTOR (SPECIFY IN NARRATIVE) <p>P. BY FIRE/HAZARDOUS MATERIALS INVOLVEMENT</p> <ol style="list-style-type: none"> NO FIRE/NO HAZ-MAT CARGO NO FIRE HAZ-MAT CARGO NOT INVOLVED NO FIRE/HAZ-MAT INCIDENT VEHICLE FIRE/NO HAZ-MAT CARGO VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED VEHICLE FIRE HAZ-MAT INCIDENT <p>Q. BY SPEED DATA</p> <p>SPEED LIMIT-EST DRIVING SPEED</p> <p style="text-align: center;">DRIVER/PEDESTRIAN CLASSIFICATION</p> <p>R. MOST APPARENT HUMAN CONTRIBUTING FACTOR (OFFICER OPINION ONLY)</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> NO APPARENT CONTRIBUTING FACTOR ASLEEP AT THE WHEEL ILLNESS DISTRACTED BY PASSENGER DRIVER INEXPERIENCE DRIVER FATIGUE DRIVER PREOCCUPIED DRIVER UNFAMILIAR WITH AREA DRIVER EMOTIONALLY UPSET </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> EVADING LAW ENFORCEMENT OFFICER PHYSICAL DISABILITY </td> </tr> </table> <p>S. BY PEDESTRIAN ACTION</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> CROSS AGAINST SIGNAL CROSS/ENTER AT INTERSECTION CROSS/ENTER NOT AT INTERSECTION STANDING IN ROW PLAYING IN ROW SOLICITING RIDES WALK IN ROW WITH TRAFFIC WALK IN ROW AGAINST TRAFFIC </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> ENTER/EXIT VEHICLE PUSH/WORK ON VEHICLE LYING IN ROW OTHER (SPECIFY IN NARRATIVE) </td> </tr> </table> <p>T. BY CONDITION OF DRIVER/PEDESTRIAN (OFFICER OPINION ONLY)</p> <ol style="list-style-type: none"> NO IMPAIRMENT SUSPECTED ALCOHOL INVOLVED RX DRUGS OR MEDICATION INVOLVED ILLEGAL DRUGS INVOLVED ALCOHOL AND DRUGS INVOLVED DRIVER/PEDESTRIAN NOT OBSERVED <p>U. BY CRASH HELMET (IF APPLICABLE)</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO </td> </tr> </table> <p>V. BY EYE PROTECTION (IF APPLICABLE)</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO </td> </tr> </table>	<ol style="list-style-type: none"> GOING STRAIGHT SLOWING STOPPED IN TRAFFIC MAKING RIGHT TURN MAKING LEFT TURN MAKING U-TURN PASSING BACKING 	<ol style="list-style-type: none"> ENTER/LEAVING PARKED POSITION STARTING IN TRAFFIC PARKED CHANGING LANES AVOIDING OBJECT IN ROADWAY WEAVING OTHER (SPECIFY IN NARRATIVE) 	<ol style="list-style-type: none"> NO APPARENT CONTRIBUTING FACTOR ASLEEP AT THE WHEEL ILLNESS DISTRACTED BY PASSENGER DRIVER INEXPERIENCE DRIVER FATIGUE DRIVER PREOCCUPIED DRIVER UNFAMILIAR WITH AREA DRIVER EMOTIONALLY UPSET 	<ol style="list-style-type: none"> EVADING LAW ENFORCEMENT OFFICER PHYSICAL DISABILITY 	<ol style="list-style-type: none"> CROSS AGAINST SIGNAL CROSS/ENTER AT INTERSECTION CROSS/ENTER NOT AT INTERSECTION STANDING IN ROW PLAYING IN ROW SOLICITING RIDES WALK IN ROW WITH TRAFFIC WALK IN ROW AGAINST TRAFFIC 	<ol style="list-style-type: none"> ENTER/EXIT VEHICLE PUSH/WORK ON VEHICLE LYING IN ROW OTHER (SPECIFY IN NARRATIVE) 	<ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO 	<ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO 	<ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO 	<ol style="list-style-type: none"> DRIVER-YES/NO PSGR DRIVER-YES/PSGR-YES DRIVER-YES/PSGR-NO DRIVER-NO/NO PSGR DRIVER-NO/PSGR-YES DRIVER-NO/PSGR-NO
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(1) WHICH VEHICLE OCCUPIED

Vehicle #	Occupant #	Occupant
1	1	Driver
2	2	Passengers
3	3	Riding/Hanging On Outside

(2) POSITION IN/ON VEHICLE

(3) RESTRAINT USED

Occupant #	Restraint
1	Yes
2	No
3	Child Restraint

(4) OCCUPANT EJECTED

Occupant #	Ejected
1	Yes
2	No
3	Extricated

(5) INJURY SEVERITY

Occupant #	Injury
1	No Injury
2	Possible Injury
3	Evident, Non-Incapacitating
4	Evident, Incapacitating
5	Fatal

(6) PHYSICAL INJURY

Occupant #	Injury
1	Head
2	Chest
3	Abdomen
4	Skeletal

(7) WITNESSED VICTIM STATUS

Occupant #	Status
1	Conscious
2	Unconscious

(8) AMBULANCE TRIP REPORT

(9) (10)

(11) NAME AND ADDRESS

Appendix B
NASS Data Collection Forms



U.S. Department of Transportation
National Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

BEST AVAILABLE COPY

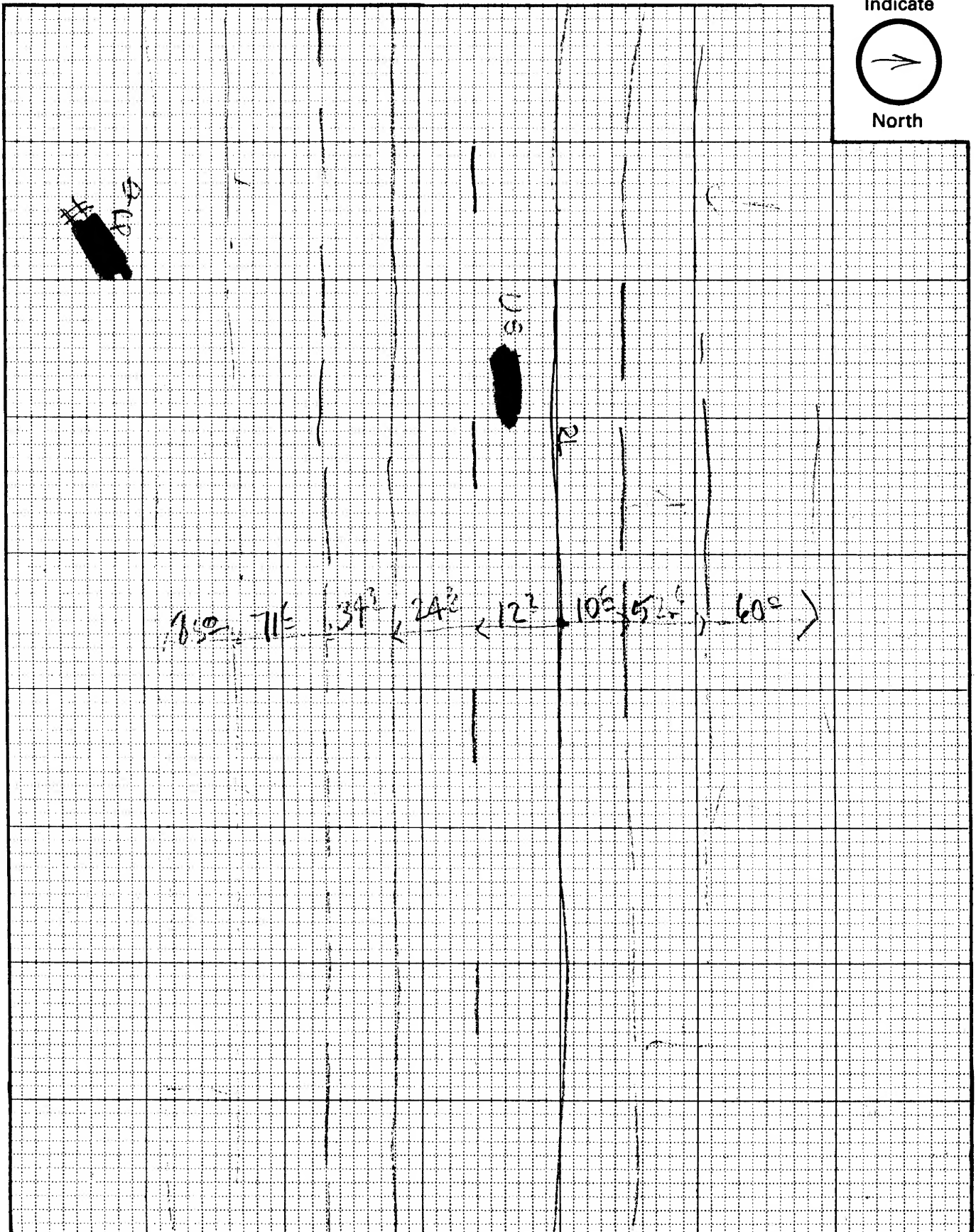
PSU No. NE 51

Case Number - Stratum 92-04

Indicate



North





ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number NCSE

Case Number—Stratum 92-04

ACCIDENT COLLISION DIAGRAM		CRASH DATA		
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) * applicable traffic controls (e.g., speed limit) * north arrow placed on diagram * sketch required 	<p>LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scale documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways and at location of rollover initiation * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p>		
		Heading Angle	<u>265</u>	<u>096</u> <u>085</u>
		Surface Type	_____	_____
		Surface Condition	_____	_____
		Grade (v/h) Measurement (between impact and final rest)	_____	_____
		Grade (v/h) Measurement (at location of rollover initiation)	_____	_____
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>				

Reference Point: UTILITY POLE #1 Reference line: NORTH EDGE US

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Gauge #1 IN W/B LANE	52 ¹⁰ E - 54 ⁰ E	5 ⁶ N - 4 ⁸ N
" " 2 " " "	54 ⁵ E - 56 ⁰ E	3 ⁷ N - 2 ⁶ N
SKIDS IN W/B LN #1 LRV2	44 ¹ E - 47 ⁴ E	5 ⁰ N - 3 ¹¹ N
" #1A LRV2	51 ⁷ E	2 ⁶ N
" #2A RRV2	53 ⁵ E	0
" #2B RRV2	56 ⁹ E	1 ¹⁰ S
" #2C RRV2	59 ² E	5 ¹ S
" #1C LRV2	57 ⁹ E	1 ⁷ N
" #1D LRV2	61 ⁰ E	0
" #1E LRV2	62 ¹¹ E	2 ⁶ S

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Gauges IN E/B 160 #1	15 ⁹ E - 16 ¹¹ E	28 ¹ S - 28 ⁸ S
#2	17 ⁶ E - 18 ¹⁰ E	24 ¹⁰ S - 24 ³ S
#3	17 ¹¹ E - 19 ² E	27 ⁹ S - 27 ² S
#4	18 ⁴ E - 20 ⁶ E	26 ¹ S - 24 ¹⁰ S
#5	25 ⁵ E - 28 ⁴ E	20 ¹⁰ S - 19 ⁶ S
#6	30 ⁵ E - 32 ¹ E	20 ⁶ S - 19 ¹⁰ S
#7	28 ¹⁰ E - 30 ² E	17 ¹ S - 16 ³ S
#8	30 ¹⁰ E - 35 ¹ E	17 ⁴ S - 16 ⁰ S
SKID REV2	47 ⁵ E - 52 ² E	12 ⁷ S - 10 ⁹ S
LRV KAS/E S/SHLD	14 ⁸ E	34 ³ S
11" WTRIP PT.?	6 ⁶ E	39 ³ S
? " " "	0	42 ⁴ S
SPILL @ V2 FREST	61 ⁰ E	14 ⁴ N
RE V2 FREST		
V3 SKIDS LF BEGIN	0 ¹⁰ E	13 ¹ S
" " RE "	24 ² E	15 ⁹ S
" " @ 50 ⁰ E	50 ⁰ E	9 ⁴ S & 14 ¹ S
" " @ 79 ⁶ E	79 ⁶ E	7 ⁶ S & 12 ³ S
" " END	90 ⁰ E	6 ¹⁰ S & 11 ² S
ROAD HAS 3/8" IN 24" CROWN		
SHOULDER HAVE 3/8 IN 24" CROWN		
SOUTH DITCH SLOPE	4 ¹⁵ / ₁₆ " IN 24"	
NORTH " "	4 ³ / ₁₆ " IN 24"	



ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

AKSF

2. Case Number - Stratum

92-04

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

03

4. Date of Accident
(Month, Day, Year)

[REDACTED] / 9 2

5. Time of Accident

[REDACTED]

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below)
that has been completed; code 1 for the checked
special studies and 0 for the special studies not
checked.

6. ___ SS12 Not Active

0

7. ___ SS13 Not Active

0

8. ✓ SS14 Fatal AOPS

1

9. ___ SS15

0

10. ___ SS16

0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

03

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other
involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 0 1	13. 01	14. 02	15. F	16. 02	17. 02	18. F
19. 0 2	20. 01	21. 02	22. I	23. 31	24. 00	25. N
26. 0 3	27. 02	28. 02	29. F	30. 03	31. 01	32. F
33. 0 4	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. 0 5	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 — 104 inches)
- (03) Intermediate (wheelbase = 105 — 109 inches)
- (04) Full size (wheelbase = 110 — 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

- (35) Noncollision injury
- (38) Other noncollision (specify): _____

- (39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in
diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object



ACCIDENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number NCST
2. Case Number—Stratum 92-04
3. Assigned Researcher Number
4. PSU Reviewer Number
5. Sample Date 92
6. Date Scene Field Work Completed 92

TO BE COMPLETED BY ZONE CENTER

7. Assessment Of Complexity Of Scene
(1) Level 1

Level 2
(2) Routine
(3) Difficult
8. Field Documentation Of Physical Plant
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
9. Field Documentation Of Physical Evidence
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
10. Quality Of Scene Diagram
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
11. Scene Slides Subject Quality
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
12. Scene Slides Quality
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
13. Number Of Researcher Coded Events
14. Number Of Events Added By Zone Center
15. Number Of Events Deleted By Zone Center
16. Correct Stratum Character

DATA STATUS OF VARIABLE NUMBERS 1-81

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18				
19	20	21	22	23	24	25				
26	27	28	29	30	31	32				
33	34	35	36	37	38	39				
40	41	42	43	44	45	46				
47	48	49	50	51	52	53				
54	55	56	57	58	59	60				
61	62	63	64	65	66	67				
68	69	70	71	72	73	74				
75	76	77	78	79	80	81				

Data Status Codes:

- (Blank) Correct
(1) Derived error
(2) Non-correctable error
(3) Correctable error
(4) Change—no error
(5) Sequencing error
(7) Incorrect edit override
(8) MDE error
(9) Unknown coded



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

NCSE

2. Case Number - Stratum

92-04

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

92

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

22

PONTIAC

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

319

6. Vehicle Model (specify):

018

GRAND AM

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

04

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1G2NE54N01

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

1

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

02

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55

(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

96

Code actual value (decimal implied
before first digit—0.xx)(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

PAR

ACCIDENT RELATED

13. Speed Limit

55

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver

99

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type

50

Applicable codes may be found on the
back of page two of this field form(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 10,000$ lbs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 10,000$ lbs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)
- (23) Van based motorhome ($\leq 10,000$ lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 10,000$ lbs GVWR)

- (60) Step van ($> 10,000$ lbs GVWR)
- (61) Single unit straight truck ($10,000$ lbs $<$ GVWR $\leq 19,500$ lbs)
- (62) Single unit straight truck ($19,500$ lbs $<$ GVWR $\leq 26,000$ lbs)
- (63) Single unit straight truck ($> 26,000$ lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 02,800
2777 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source: [REDACTED]
20. Vehicle Cargo Weight 9,900
 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 2
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

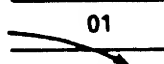

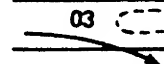

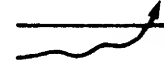
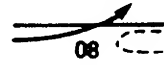
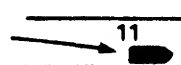
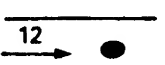
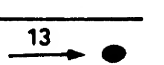
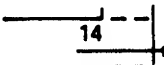
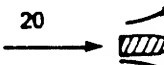
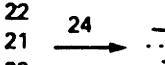
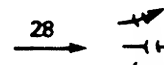



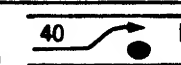
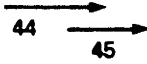
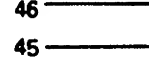
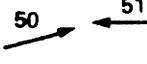



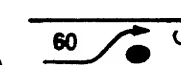
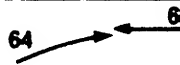


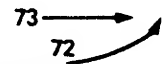
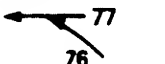
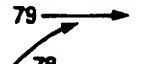
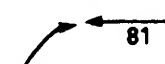




25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
27. Heading Angle For This Vehicle 265
28. Heading Angle For Other Vehicle 095

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 28 DECEL. 29, 30, 31	30 SPECIFICS OTHER 29 SPECIFICS UNKNOWN	(EACH • 32) (EACH • 33)
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78 TURN INTO OPPOSITE DIRECTIONS	 81 80 TURN INTO OPPOSITE DIRECTIONS	 83 82	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 86	 89 88	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

41 Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

-41 Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(99) Unknown

Secondary Highest

32. Lateral Component of Delta V

-4 Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(99) Unknown

33. Energy Absorption

169579 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver 0

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination using DEC process
- (2) Behavioral
- (3) Other physical observation/perception determination (specify): _____
- (4) DEC process available, unknown if determination made
- (5) DEC process not available, unknown if other observation/perception test given
- (7) Other observation/perception test (specify): _____
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—
results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception
test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or
not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRAASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object _____

- (98) Other event (specify): _____

- (99) Unknown event or object _____

PRECRASH DATA (Continued)**65. Critical Precrash Event** 10*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)**66. Precrash Stability After Avoidance Maneuver** 9

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 9

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



GENERAL VEHICLE LOG

TO BE COMPLETED BY TEAM	TO BE COMPLETED BY THE ZONE CENTER																																																																																																																																																				
<p>1. PSU Number <u>NCST</u></p> <p>2. Case Number—Stratum <u>92-04</u></p> <p>3. Researcher Completing Form _____</p> <p>4. Vehicle Number <u>01</u></p> <p>5. Vehicle Disposition/Type <u>1</u></p> <p style="margin-left: 20px;">(1) Towed, CDS applicable</p> <p style="margin-left: 20px;">(2) Non-towed, CDS applicable (not AOPS)</p> <p style="margin-left: 20px;">(3) Non-CDS applicable</p> <p style="margin-left: 20px;">(4) Non-towed AOPS—CDS applicable</p> <p>6. Reason Vehicle Inspection Not Completed <u>05</u></p> <p style="margin-left: 20px;">(00) Non-CDS applicable vehicle</p> <p style="margin-left: 20px;">(01) Complete inspection</p> <p style="margin-left: 20px;">(02) Partial inspection</p> <p style="margin-left: 20px;">(03) Vehicle cannot be located</p> <p style="margin-left: 20px;">(04) Vehicle destroyed</p> <p style="margin-left: 20px;">(05) Vehicle outside of study area</p> <p style="margin-left: 20px;">(06) Vehicle impounded</p> <p style="margin-left: 20px;">(07) Vehicle sold</p> <p style="margin-left: 20px;">(08) Hit and run vehicle</p> <p style="margin-left: 20px;">(09) Owner could not be located</p> <p style="margin-left: 20px;">(10) Owner refusal</p> <p style="margin-left: 20px;">(11) Insurance company refusal</p> <p style="margin-left: 20px;">(12) Attorney refusal or litigation</p> <p style="margin-left: 20px;">(13) Repair or tow facility refusal</p> <p style="margin-left: 20px;">(14) Stolen</p> <p style="margin-left: 20px;">(15) Wrong name and address on PAR</p> <p style="margin-left: 20px;">(16) Caseload / staff turnover</p> <p style="margin-left: 20px;">(17) Other (specify): _____</p> <p>7. Knowledge Of Highest Delta V Results <u>01</u></p> <p style="margin-left: 20px;"><i>Known</i></p> <p style="margin-left: 40px;">(01) CRASH-PC damage only</p> <p style="margin-left: 40px;">(02) CRASH-PC damage and trajectory</p> <p style="margin-left: 40px;">(03) OLDMISS</p> <p style="margin-left: 20px;"><i>Unknown</i></p> <p style="margin-left: 40px;">(04) Rollover</p> <p style="margin-left: 40px;">(05) Other non-horizontal force</p> <p style="margin-left: 40px;">(06) Sideswipe type damage / severe override</p> <p style="margin-left: 40px;">(07) Vehicle out of scope / pedestrian</p> <p style="margin-left: 40px;">(08) Yielding object</p> <p style="margin-left: 40px;">(09) Overlapping damage</p> <p style="margin-left: 40px;">(10) Insufficient data</p> <p style="margin-left: 40px;">(11) Other (specify): _____</p> <p>8. Presence Of Non-coded Reconstruction Program? <u>0</u></p> <p style="margin-left: 20px;">(0) No</p> <p style="margin-left: 20px;">(1) Yes</p> <p>9. Data Obtained For This Vehicle's Most Severe Impact (Regardless of Usage) <u>3</u></p> <p style="margin-left: 20px;">(0) No data obtained</p> <p style="margin-left: 20px;">(1) CDC data only</p> <p style="margin-left: 20px;">(2) Trajectory data only</p> <p style="margin-left: 20px;">(3) CDC and crush profile only</p> <p style="margin-left: 20px;">(4) CDC and trajectory data only</p> <p style="margin-left: 20px;">(5) CDC, crush profile, and trajectory data</p>	<p>10. Reconstruction Program (Most Severe Impact) _____</p> <p style="margin-left: 20px;">(0) Not present</p> <p style="margin-left: 20px;">(1) Added</p> <p style="margin-left: 20px;">(2) Dropped</p> <p style="margin-left: 20px;">(3) Changed</p> <p style="margin-left: 20px;">(4) Correct</p> <p>11. Reason(s) Program Results Dropped Or Changed</p> <p style="margin-left: 20px;">a. Algorithm choice</p> <p style="margin-left: 20px;">b. Collision type</p> <p style="margin-left: 20px;">c. Vehicle type</p> <p style="margin-left: 20px;">d. Size / stiffness / weight</p> <p style="margin-left: 20px;">e. Improved PDOF</p> <p style="margin-left: 20px;">f. CDC</p> <p style="margin-left: 20px;">g. Trajectory data</p> <p style="margin-left: 20px;">h. Damage data</p> <p style="margin-left: 20px;">i. Heading angle for Oldmiss</p> <table style="margin-left: 40px; border-collapse: collapse;"><tr><td style="text-align: center;">a</td><td style="text-align: center;">b</td><td style="text-align: center;">c</td><td style="text-align: center;">d</td><td style="text-align: center;">e</td><td style="text-align: center;">f</td><td style="text-align: center;">g</td><td style="text-align: center;">h</td><td style="text-align: center;">i</td></tr><tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr></table> <p>(Blank) Correct or no reconstruction</p> <p style="margin-left: 20px;">(1) Incorrect</p> <p style="text-align: center; margin-top: 10px;">DATA STATUS OF VARIABLE NUMBERS 3-67</p> <table style="margin-left: 40px; border-collapse: collapse;"><tr><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td><td style="text-align: center;">10</td><td style="text-align: center;">11</td><td style="text-align: center;">12</td><td style="text-align: center;">13</td></tr><tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; 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GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCST

2. Case Number - Stratum

92-04

3. Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

92

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

CHEVROLET

20

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

3/9

6. Vehicle Model (specify):

CORSAIR LT

019

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

04

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1G1LT53T2

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

0

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

96

Source:

PAR

ACCIDENT RELATED

13. Speed Limit

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

55

14. Attempted Avoidance Maneuver

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

99

(99) Unknown

15. Accident Type

Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

51

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 02,600
2638 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source: [REDACTED]
20. Vehicle Cargo Weight 9,900
 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 095
28. Heading Angle For Other Vehicle 265

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

43 Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

-43 Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

32. Lateral Component of Delta V

Secondary Highest

4 Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

33. Energy Absorption

169579

Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver 0

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination using DEC process
- (2) Behavioral
- (3) Other physical observation/perception determination (specify): _____
- (4) DEC process available, unknown if determination made
- (5) DEC process not available, unknown if other observation/perception test given
- (7) Other observation/perception test (specify): _____
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC	
	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—
results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception
test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or
not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
(9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type (specify):
(9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
(8) Non-contact rollover forces (specify):
(9) Unknown

63. Direction of Initial Roll

- (0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRAASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
(98) No driver present
(99) Unknown

PRECRASH DATA (Continued)**65. Critical Precrash Event**6 2*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off)
(specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.)
(specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed
(i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle
in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
lane line
- (61) From adjacent lane (same direction)—over right
lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same
direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite
direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details
unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway
(specify): _____
- (84) Pedalcyclist or other nonmotorist approaching
roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown
location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver9

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30
degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

**67. Precrash Directional Consequences of
Avoidance Maneuver (Corrective Action)**9

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance
maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane
where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left
travel lane where avoidance maneuver was
initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



GENERAL VEHICLE LOG

TO BE COMPLETED BY TEAM	TO BE COMPLETED BY THE ZONE CENTER																																																																																																																																																						
<p>1. PSU Number <u>NCII</u></p> <p>2. Case Number—Stratum <u>92-04</u></p> <p>3. Researcher Completing Form <u> </u></p> <p>4. Vehicle Number <u>02</u></p> <p>5. Vehicle Disposition/Type <u>1</u></p> <p style="margin-left: 20px;">(1) Towed, CDS applicable</p> <p style="margin-left: 20px;">(2) Non-towed, CDS applicable (not AOPS)</p> <p style="margin-left: 20px;">(3) Non-CDS applicable</p> <p style="margin-left: 20px;">(4) Non-towed AOPS—CDS applicable</p> <p>6. Reason Vehicle Inspection Not Completed <u>01</u></p> <p style="margin-left: 20px;">(00) Non-CDS applicable vehicle</p> <p style="margin-left: 20px;">(01) Complete inspection</p> <p style="margin-left: 20px;">(02) Partial inspection</p> <p style="margin-left: 20px;">(03) Vehicle cannot be located</p> <p style="margin-left: 20px;">(04) Vehicle destroyed</p> <p style="margin-left: 20px;">(05) Vehicle outside of study area</p> <p style="margin-left: 20px;">(06) Vehicle impounded</p> <p style="margin-left: 20px;">(07) Vehicle sold</p> <p style="margin-left: 20px;">(08) Hit and run vehicle</p> <p style="margin-left: 20px;">(09) Owner could not be located</p> <p style="margin-left: 20px;">(10) Owner refusal</p> <p style="margin-left: 20px;">(11) Insurance company refusal</p> <p style="margin-left: 20px;">(12) Attorney refusal or litigation</p> <p style="margin-left: 20px;">(13) Repair or tow facility refusal</p> <p style="margin-left: 20px;">(14) Stolen</p> <p style="margin-left: 20px;">(15) Wrong name and address on PAR</p> <p style="margin-left: 20px;">(16) Caseload / staff turnover</p> <p style="margin-left: 20px;">(17) Other (specify): <u> </u></p> <p>7. Knowledge Of Highest Delta V Results <u>01</u></p> <p style="margin-left: 20px;"><i>Known</i></p> <p style="margin-left: 40px;">(01) CRASH-PC damage only</p> <p style="margin-left: 40px;">(02) CRASH-PC damage and trajectory</p> <p style="margin-left: 40px;">(03) OLDMISS</p> <p style="margin-left: 20px;"><i>Unknown</i></p> <p style="margin-left: 40px;">(04) Rollover</p> <p style="margin-left: 40px;">(05) Other non-horizontal force</p> <p style="margin-left: 40px;">(06) Sideswipe type damage / severe override</p> <p style="margin-left: 40px;">(07) Vehicle out of scope / pedestrian</p> <p style="margin-left: 40px;">(08) Yielding object</p> <p style="margin-left: 40px;">(09) Overlapping damage</p> <p style="margin-left: 40px;">(10) Insufficient data</p> <p style="margin-left: 40px;">(11) Other (specify): <u> </u></p> <p>8. Presence Of Non-coded Reconstruction Program? <u>0</u></p> <p style="margin-left: 20px;">(0) No</p> <p style="margin-left: 20px;">(1) Yes</p> <p>9. Data Obtained for This Vehicle's Most Severe Impact (Regardless of Usage) <u>3</u></p> <p style="margin-left: 20px;">(0) No data obtained</p> <p style="margin-left: 20px;">(1) CDC data only</p> <p style="margin-left: 20px;">(2) Trajectory data only</p> <p style="margin-left: 20px;">(3) CDC and crush profile only</p> <p style="margin-left: 20px;">(4) CDC and trajectory data only</p> <p style="margin-left: 20px;">(5) CDC, crush profile, and trajectory data</p>	<p>10. Reconstruction Program (Most Severe Impact) <u> </u></p> <p style="margin-left: 20px;">(0) Not present</p> <p style="margin-left: 40px;">(1) Added</p> <p style="margin-left: 40px;">(2) Dropped</p> <p style="margin-left: 40px;">(3) Changed</p> <p style="margin-left: 40px;">(4) Correct</p> <p>11. Reason(s) Program Results Dropped Or Changed</p> <p style="margin-left: 20px;">a. Algorithm choice</p> <p style="margin-left: 20px;">b. Collision type</p> <p style="margin-left: 20px;">c. Vehicle type</p> <p style="margin-left: 20px;">d. Size / stiffness / weight</p> <p style="margin-left: 20px;">e. Improved PDOF</p> <p style="margin-left: 20px;">f. CDC</p> <p style="margin-left: 20px;">g. Trajectory data</p> <p style="margin-left: 20px;">h. Damage data</p> <p style="margin-left: 20px;">i. Heading angle for Oldmiss</p> <table style="margin-left: 40px; margin-top: 10px;"><tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td><td>f</td><td>g</td><td>h</td><td>i</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> <p>(Blank) Correct or no reconstruction</p> <p style="margin-left: 20px;">(1) Incorrect</p> <p style="text-align: center; margin-top: 20px;">DATA STATUS OF VARIABLE NUMBERS 3-67</p> <table style="margin-left: 40px;"><tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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Non-correctable error</p> <p style="margin-left: 20px;">(3) Correctable error</p> <p style="margin-left: 20px;">(4) Change—no error</p> <p style="margin-left: 20px;">(7) Incorrect edit override</p> <p style="margin-left: 20px;">(8) MDE error</p> <p style="margin-left: 20px;">(9) Unknown coded</p>	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	8	9	10	11	12	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	15	16	17	18	19	20	21	22	23	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	26	27	28	29	30	31	32	33	34	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	37	38	39	40	41	42	43	44	45	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	48	49	50	51	52	53	54	55	56	57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG																																																																																																																																																							



U.S. Department of Transportation

National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCST

3. Vehicle Number

02

2. Case Number - Stratum

92-04

VEHICLE IDENTIFICATION

VIN

1G1LT53T2

Model Year

92

Vehicle Make (specify):

CHEVROLET

Vehicle Model (specify):

CORSICA LT

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	STRUCK FL CNR	ENTIRE FRONTAL PLANE
2	STRUCK FL CNR	UNKNOWN

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

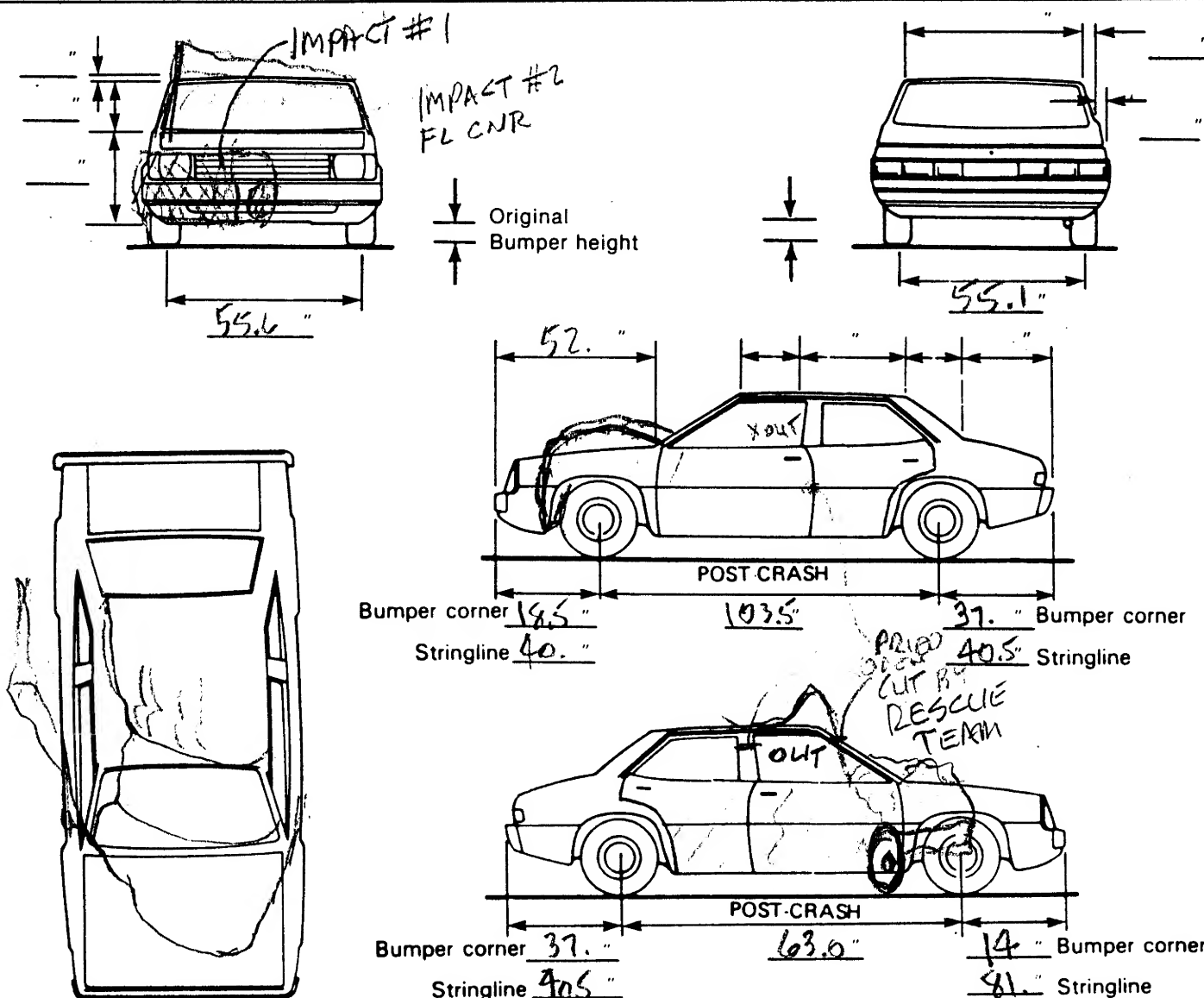
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	BUMPER	45.0	CL	21.5	18.5	12.7	30.5	37.6	45.7	64.7	0
1	F.S.				5.	2.	.3	.3	2.	5.	
1	FINAL				13.5	22.7	30.2	37.4	43.7	51.7	
2	REAR	6.5		UNK	MASKED BY IMPACT #1						
					EXTENDS 22" DOWN @ SIDE						

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>1</u> RF <u> </u> LF <u>1</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>103.4</u> Overall Length <u>183.4</u> Maximum Width <u>68.2</u> Curb Weight <u>2638.</u> Average Track <u>55.35</u> Front Overhang <u>37.8</u> Rear Overhang <u>40.9</u> Engine Size: cyl./displ. <u>4/3.1L</u> Undeformed End Width <u>52.0</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \oplus <u>6</u> ° LF \pm <u> </u> ° RR \pm <u> </u> ° LR \pm <u> </u> ° Within \pm 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u> </u>		



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

(31) Overturn — rollover

(32) Fire or explosion

(33) Jackknife

(34) Other intraunit damage (specify): _____

(35) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

(41) Tree (≤ 4 inches in diameter)(42) Tree (> 4 inches in diameter)

(43) Shrubbery or bush

(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (≤ 4 inches in diameter)(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)(52) Pole or post (> 12 inches in diameter)

(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	355	00	E	D	E	W	06
02	03	020	00	F	L	E	E	03
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>LL</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>06</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>03</u>	14. <u>01</u>	15. <u>F</u>	16. <u>L</u>	17. <u>E</u>	18. <u>E</u>	19. <u>03</u>
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CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
<u>052</u>	<u>14</u>	<u>21</u>	<u>30</u>	<u>37</u>	<u>44</u>	<u>60</u>	<u>+ 000</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ± D
---	---	---	---	---	---	---	<u>+ 000</u>

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase
Code to the nearest tenth of an inch
(9999) Unknown

103.4

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ _____ (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p> <p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred (1) Minor (2) Major (9) Unknown</p>	<p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p> <p>32. Type of Fuel Tank <u>2</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>
--	--

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



EXTERIOR VEHICLE LOG

TO BE COMPLETED BY TEAM

1. PSU Number NCSE
2. Case Number—Stratum 92-04
3. Researcher Completing Form _____
4. Vehicle Number 02
5. Date Vehicle Inspected 192

13. Number of Coded CDCs (0,1,2) _____
14. Number of Coded Crush Profiles (0,1,2) _____

TO BE COMPLETED BY ZONE CENTER

6. Assessment of Complexity of Inspection _____
(1) Level 1 - No measurements required
(e.g., vehicle repaired or measurements
not obtainable)
Level 2
(2) Routine
(3) Difficult
7. Applicable Precrash Measurements _____
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
8. Impact Damage Documentation _____
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
9. Quality Of Vehicle Damage Sketch _____
(0) Not applicable (e.g., repaired vehicle)
(1) Substandard
(2) Standard
(3) Above standard
10. Exterior Slides Subject Quality _____
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
11. Exterior Slides Quality _____
(0) Not applicable
(1) Substandard
(2) Standard
(3) Above standard
12. Primary Error Source (Vehicle Plane) _____
(0) No error
(1) Front
(2) Side (left or right)
(3) Back (rear)
(4) Top
(5) Undercarriage
(8) Other (specify): _____

DATA STATUS OF VARIABLE NUMBERS 4-32

Highest CDC

4 5 6 7 8 9 10 11

--	--	--	--	--	--	--	--

Secondary CDC

12 13 14 15 16 17 18 19

--	--	--	--	--	--	--	--

Highest Crush Profile

20 21 22

--	--	--

Secondary Crush Profile

23 24 25

--	--	--

26 27 28 29 30 31 32

--	--	--	--	--	--	--

Data Status Codes:

- (Blank) Correct
(1) Derived error
(2) Non-correctable error
(3) Correctable error
(4) Change—no error
(5) Sequencing error
(7) Incorrect edit override
(8) MDE error
(9) Unknown coded

IF THIS VEHICLE WAS NOT TOWED (I.E., GV09 ≠ 1), DO NOT COMPLETE THE
INTERIOR VEHICLE LOG



INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NC 51

2. Case Number - Stratum

92-04

3. Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

98

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

01, 04, 06

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 1 8. RR 9 9. TG/H

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 3 16. LF 6 17. RF 6 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 9 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 6

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

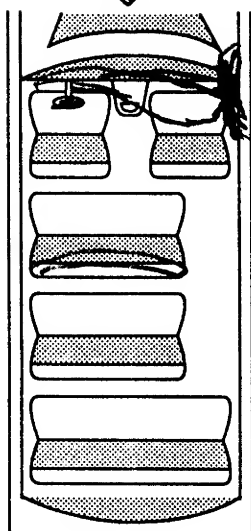
(9) Unknown

INTRUSION WORKSHEET

TOP
VIEW

Longitudinal

Lateral

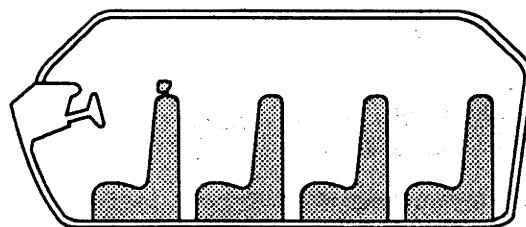


Longitudinal

LEFT SIDE
VIEW

Vertical

Longitudinal

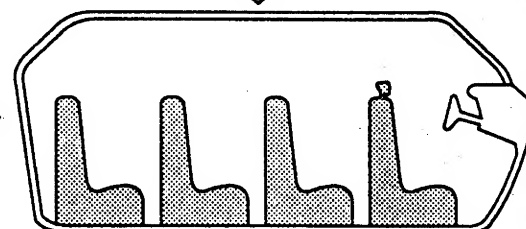


Longitudinal

RIGHT SIDE
VIEW

Vertical

Longitudinal



Longitudinal

Vertical

Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	R-DASH	64.5	-	42.5	=	22. 2	LONG
13	C-DASH	60.	-	48.0	=	12. 5	LONG
11	L-DASH	60.	-	52.25	=	7.75 8	LONG
13	A-Pillar ^{Lower}	61.0	-	34.5	=	26.5 1	LONG.
13	TOE PAN	22.5	-	0.5	=	22. 3	LONG
13	W/S HEADER	50.	-	39.0	=	11. 6	LONG
13	WINDSHIELD	61.0	-	46.25	=	14.75 4	LONG
11	STRUT	54.	-	51.0	=	3.0	LONG
12	W/S	63.0	-	55.5	=	7.5 9	LONG
12	W/S HEADER	54.0	-	50.25	=	3.75.	LONG
22	ST ^{2ND} BAC	0	-	7.0	=	7. 10	1
21	" "	0	-	6.0	=	6.	1
23	" "	0	-	5.5	=	5.5	1
11	TOE PAN	20.5	-	14.75	=	5.75	11
13	SIDE PAN	26.0	-	16.0	=	10. 7	LAT

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>06</u>	49. <u>6</u>	50. <u>2</u>
2nd	51. <u>13</u>	52. <u>04</u>	53. <u>5</u>	54. <u>2</u>
3rd	55. <u>13</u>	56. <u>05</u>	57. <u>5</u>	58. <u>2</u>
4th	59. <u>13</u>	60. <u>14</u>	61. <u>4</u>	62. <u>2</u>
5th	63. <u>13</u>	64. <u>03</u>	65. <u>4</u>	66. <u>2</u>
6th	67. <u>13</u>	68. <u>15</u>	69. <u>3</u>	70. <u>2</u>
7th	71. <u>13</u>	72. <u>27</u>	73. <u>3</u>	74. <u>3</u>
8th	75. <u>11</u>	76. <u>02</u>	77. <u>3</u>	78. <u>2</u>
9th	79. <u>12</u>	80. <u>14</u>	81. <u>3</u>	82. <u>2</u>
10th	83. <u>22</u>	84. <u>20</u>	85. <u>3</u>	86. <u>2</u>

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
 (02) Instrument panel left
 (03) Instrument panel center
 (04) Instrument panel right
 (05) Toe pan
 (06) A-pillar
 (07) B-pillar
 (08) C-pillar
 (09) D-pillar
 (10) Door panel (side)
 (12) Roof (or convertible top)
 (13) Roof side rail
 (14) Windshield
 (15) Windshield header
 (16) Window frame
 (17) Floor pan (includes sill)
 (18) Backlight header
 (19) Front seat back
 (20) Second seat back
 (21) Third seat back
 (22) Fourth seat back
 (23) Fifth seat back
 (24) Seat cushion
 (25) Back door/panel (e.g., tailgate)
 (26) Other interior component (specify):

- (27) Side panel - forward of the A-pillar
 (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
 (31) Outside surface of this vehicle (specify):
 (32) Other exterior object in the environment (specify):
 (33) Unknown exterior object
 (97) Catastrophic
 (98) Intrusion of unlisted component(s) (specify):
 (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
 (2) ≥ 3 inches but < 6 inches
 (3) ≥ 6 inches but < 12 inches
 (4) ≥ 12 inches but < 18 inches
 (5) ≥ 18 inches but < 24 inches
 (6) ≥ 24 inches
 (7) Catastrophic
 (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
 (2) Longitudinal
 (3) Lateral
 (7) Catastrophic
 (9) Unknown

STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

92. Steering Rim/Spoke Deformation 0

Code actual measured

deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 0 0

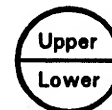
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading 004,000

40455 miles—Code mileage to the nearest 1,000 miles
 (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

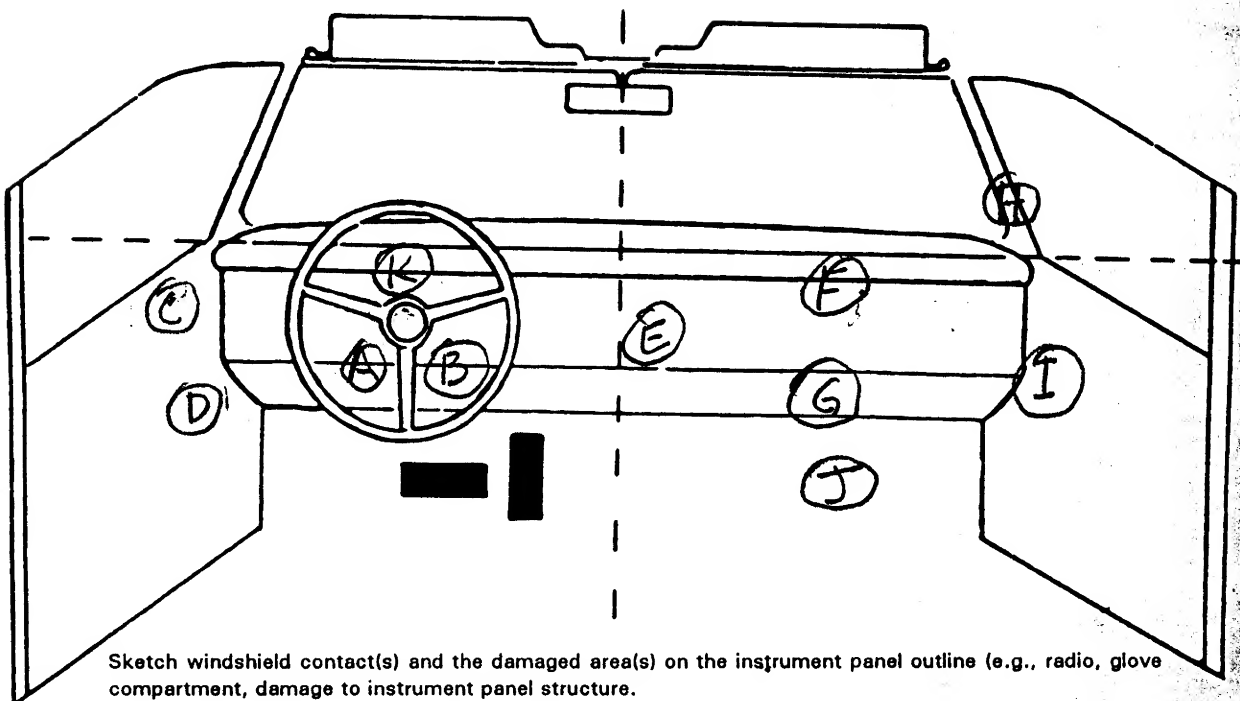
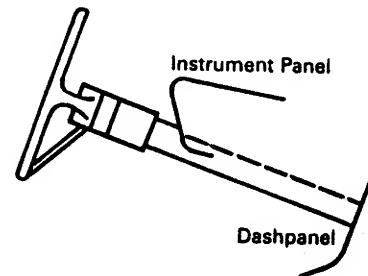
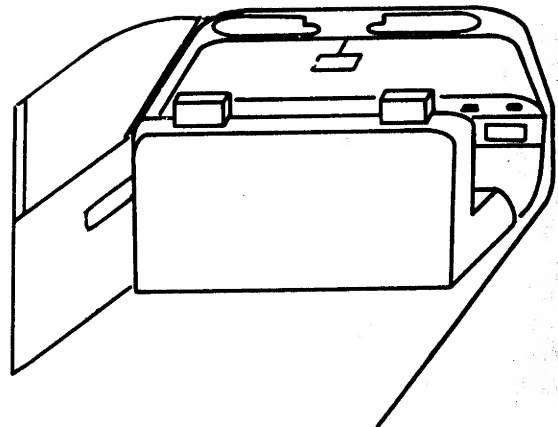
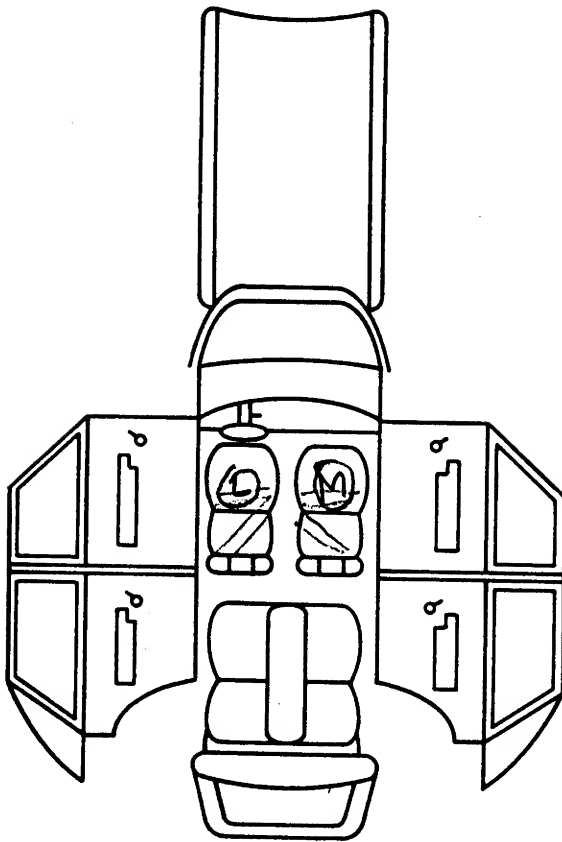
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	09	01	K	CLOTH TRANSFERS	1
B	09	01	K	" "	1
C	20	01	U	DENT	1
D	20	01	U	TRANSFER	1
E	10	02	U	HAIR/SMUDGES	1
F	11	02	C	INTRUDED-TRANSFERS	1
G	12	02	U	BLOOD-DENTED	1
H	32	02	U	TRANSFERS DENTS	1
I	31	02	U	CLOTH TRANSFERS	1
J	56	02	U	INTRUDED	1
K	45	01	F	LIPSTICK - BLOOD	1
L	41	01	U	CUT FOR EXTRACTION	1
M	41	02	U	" " "	1
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify):

RIGHT SIDE

- (28) Left side window sill
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects

- (48) Child safety seat (specify):

- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
FIRST	Availability/Function	1	0
	Deployment	1	0
	Failure	1	0

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
(8) Other improper use of automatic belt system (specify):
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Use	04	00	01
	Failure Modes	1	0	1
SECOND	Availability	4	3	1
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3 (None)
	Seat Type	01	00	01 cut
	Seat Performance	1	0	4 57
	Seat Orientation	1	0	50
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	6	6	6
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown _____

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(99) Unknown _____

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): CARGO IN MUNE

(8) Other (specify): _____

(9) Unknown _____

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown _____

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [✓] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (1) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT

No [] Yes [✓]

Describe entrapment mechanism:

(R-DASH + RE Door)

Component(s):

(Note in vehicle interior diagram)



INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number
2. Case Number—Stratum
3. Researcher Completing Form
4. Vehicle Number

NCSE

9204

02

TO BE COMPLETED BY ZONE CENTER

5. Assessment of Complexity of Interior Vehicle Inspection
(1) Level 1 - Interior inaccessible or repaired

Level 2
(2) Routine
(3) Difficult

6. Documentation Of Integrity
7. Documentation Of Glazing
8. Documentation of Intrusions
9. Documentation of Steering Column/Wheel
10. Documentation of Occupant Contacts
11. Documentation of Restraint Systems
12. Documentation of Seats
13. Interior Slides Subject Quality
14. Interior Slides Quality

Codes For Log Variables 6-14

- (0) Not applicable
- (1) Substandard
- (2) Standard
- (3) Above Standard

15. Number of Coded Intrusions

DATA STATUS OF VARIABLE NUMBERS 4-97

Integrity

4 5 6 7 8 9 10 11 12 13 14

--	--	--	--	--	--	--	--	--	--	--	--

Glazing

15 16 17 18 19 20 21 22 23 24 25

--	--	--	--	--	--	--	--	--	--	--

26 27 28 29 30 31 32 33 34 35 36

--	--	--	--	--	--	--	--	--	--	--

37 38 39 40 41 42 43 44 45 46

--	--	--	--	--	--	--	--	--	--

Intrusion

47 48 49 50 51 52 53 54 55 56 57

--	--	--	--	--	--	--	--	--	--	--

58 59 60 61 62 63 64 65 66 67 68

--	--	--	--	--	--	--	--	--	--	--

69 70 71 72 73 74 75 76 77 78 79

--	--	--	--	--	--	--	--	--	--	--

80 81 82 83 84 85 86

--	--	--	--	--	--	--

Steering Column/Wheel and Instrument Panel

87 88 89 90 91 92 93 94 95 96 97

	XX	XX	XX	XX						
--	----	----	----	----	--	--	--	--	--	--

Data Status Codes:

- (Blank) Correct
- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error
- (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



INTERVIEW FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number NCST

2. Case Number - Stratum 9204

3. Vehicle Number 02

Interviewee(s) Role or Name(s): FRIEND OF
DRIVER & RF OCCUPANT

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

NOT SURE OF ACCIDENT DETAILS -

SPECIFIC QUESTIONS

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- | | | |
|--|---|--|
| <input type="checkbox"/> PRE-CRASH, AT IMPACT
vehicle travel/driver intention | <input type="checkbox"/> Speed estimate (precrash/at
impact) | <input type="checkbox"/> Previous vehicle damage |
| <input type="checkbox"/> Direction of travel | <input type="checkbox"/> Post-impact trajectory | <input type="checkbox"/> Glazing type |
| <input type="checkbox"/> Avoidance maneuvers | <input type="checkbox"/> Door status (precrash/postcrash) | <input type="checkbox"/> Vehicle glazing status |
| <input type="checkbox"/> Impact description/orientation | <input type="checkbox"/> Final rest position | <input type="checkbox"/> PAR clarifications |
| | | <input type="checkbox"/> Glove box status |

Cargo? No ☐ Yes ☒ Interviewee's Estimated Cargo Weight UNK

Description of Cargo LUGGAGE

Present Location of Vehicle (if not yet inspected)?

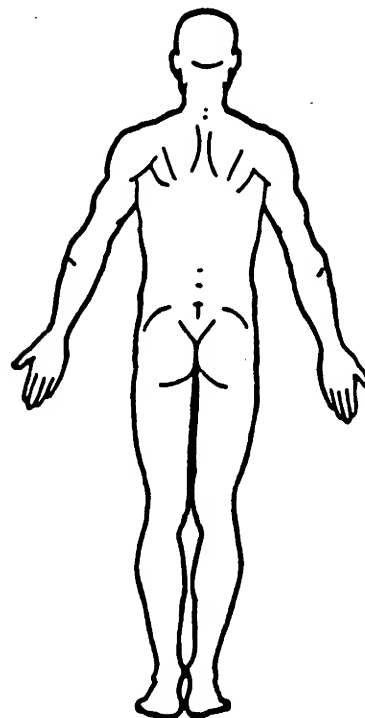
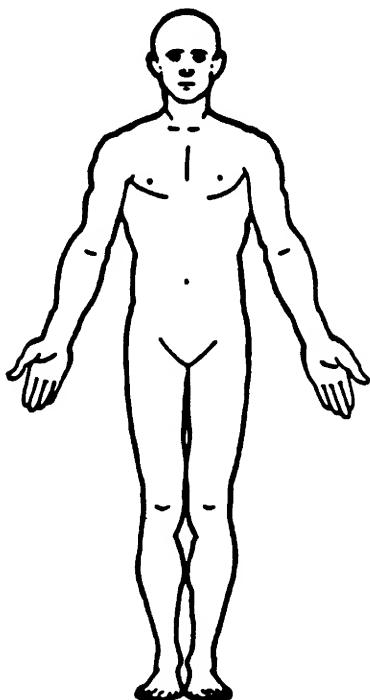
SEAT POSITION	DRIVER			
RACE ? HISPANIC? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	WHITE	RF		
AGE/SEX	52/F	73/M		
HEIGHT (IN)	5'2"	6'1"		
WEIGHT (LBS.)	130	205		
POSTURE	UNIK	UNIK		
EJECTED? <input type="checkbox"/> No <input type="checkbox"/> Yes	UNIK	UNIK		
DESCRIBE THE EJECTION PATH				
ENTRAPPED? <input type="checkbox"/> No <input type="checkbox"/> Yes	UNIK	UNIK		
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT	UNIK	UNIK		
WERE BELTS WORN? <input type="checkbox"/> No <input type="checkbox"/> Yes	UNIK	UNIK		
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES	UNIK	UNIK		
TYPE OF TREATMENT	HOSP.	φ		
NAME OF TREATMENT FACILITY	UNIK			
DAYS IN HOSPITAL?	UNIK			
NO. OF LOST WORK DAYS?	UNIK			
FOLLOW-UP TREATMENT	UNIK			
WOULD YOU SIGN A MEDICAL RELEASE?				

PSU Number NLSFCase Number—Stratum 4209Vehicle Number 02Occupant Number 01

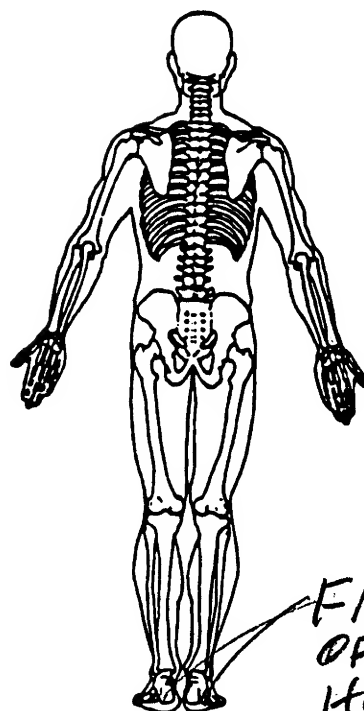
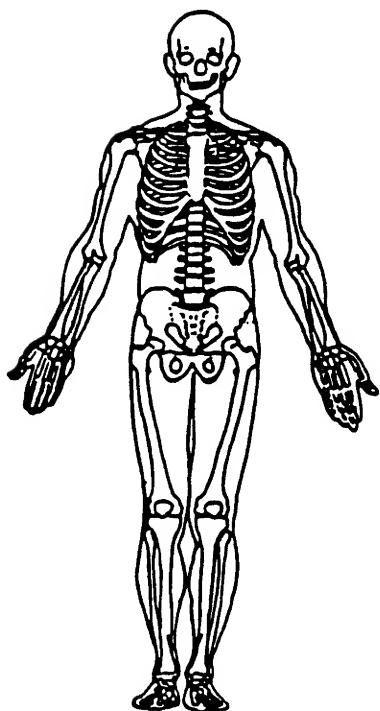
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): FRIEND

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



FRACTURES
OF BOTH
HEELS
FLOOR

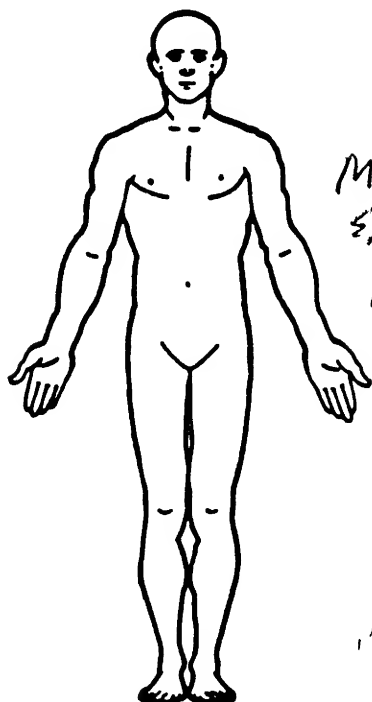
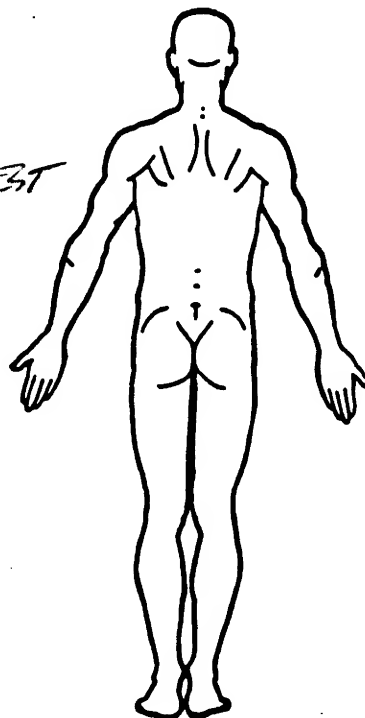
The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number NCST Case Number—Stratum 9204 Vehicle Number 02 Occupant Number 01

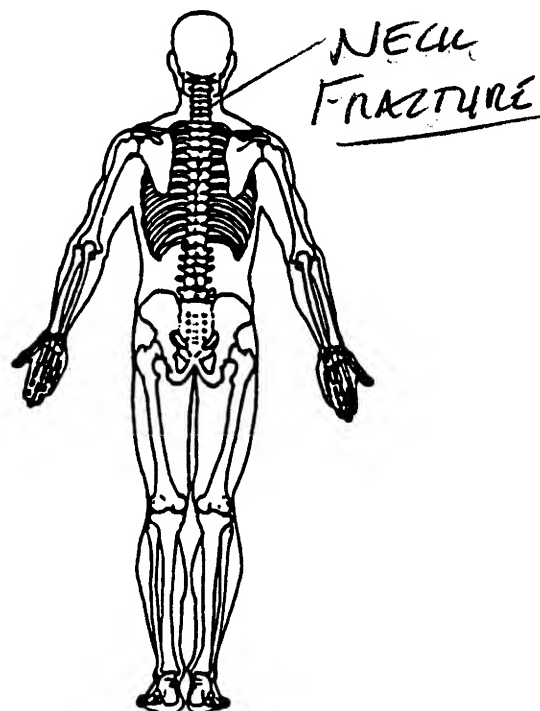
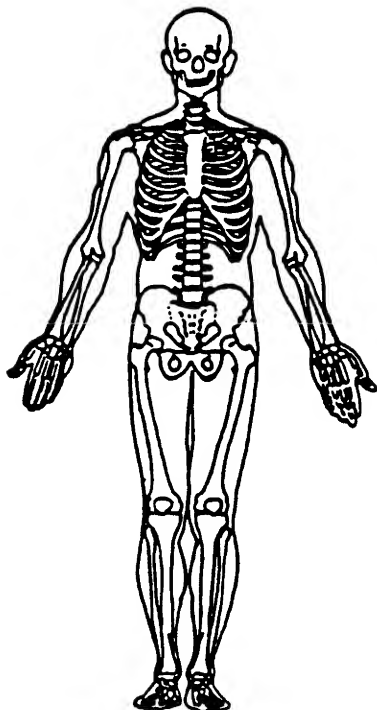
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): FRIEND

SOFT TISSUE/INTERNAL INJURIES

MASSIVE CHEST
& INTERNAL
INJURIES

SKELETAL INJURIES

NECK
FRACTURE

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).



U.S. Department of Transportation

National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NL5I

2. Case Number - Stratum

9204

3. Vehicle Number

02

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

52

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

67

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

130

Code actual weight to the nearest pounds.

(999) Unknown

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant Posture

9

(0) Normal posture

(1) Abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

0

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

0

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)
(specify):

(9) Unknown

14. Ejection Medium

0

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

0

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 2

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Did Air Bag System Fail? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 5

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position) 01
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model _____
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
- (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used
29. Type of Child Safety Seat _____
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation _____
- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight*
- (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation

- Designed For Forward Facing for This Age/Weight*
- (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____
 - (19) Unknown orientation

- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*
- (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify): _____
 - (29) Unknown orientation
 - (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage _____
32. Child Safety Seat Shield Usage _____
33. Child Safety Seat Tether Usage _____
- Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat

- Not Designed With Harness/Shield/Tether*
- (01) After market harness/shield/tether added, not used
 - (02) After market harness/shield/tether used
 - (03) Child safety seat used, but no after market harness/shield/tether added
 - (09) Unknown if harness/shield/tether added or used

- Designed With Harness/Shield/Tether*
- (11) Harness/shield/tether not used
 - (12) Harness/shield/tether used
 - (19) Unknown if harness/shield/tether used

- Unknown If Designed With Harness/Shield/Tether*
- (21) Harness/shield/tether not used
 - (22) Harness/shield/tether used
 - (29) Unknown if harness/shield/tether used
 - (99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify): _____

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____

(9) Unknown

37. Hospital Stay 99

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death 00

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (specify): _____

(99) Unknown

43. Number of Recorded Injuries for This Occupant 02

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 97

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 9

- (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 97

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



OCCUPANT ASSESSMENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number NC9I
2. Case Number—Stratum 9204
3. Researcher Completing Form
4. Vehicle Number 02
5. Occupant Number 01
6. Interviewer Number
7. Date Interview Completed / /
8. Occupant's Role 1
 - (1) Driver
 - (2) Passenger
 - (3) Unknown
9. Interviewee For This Occupant 3
 - (0) No interview
 - (1) Same person

Surrogate

 - (2) Other occupant
 - (3) Relative or friend
 - (4) Multiple interviewees from above categories (specify):
10. Manner Of Interview 1
 - (0) No attempt
 - (1) Telephone
 - (2) In-person
 - (3) Questionnaire
 - (9) Unknown (for Zone Center use only)
11. Result Of Last Interview Attempt 12
 - (01) Unable to contact or locate
 - (02) Hit and run
 - (03) Fatal—surrogate not available
 - (04) In intensive care—surrogate not available
 - (05) Out-of-state resident
 - (06) Refused interview
 - (07) Insurance company refusal
 - (08) Attorney refusal or litigation
 - (09) No return of questionnaire
 - (10) Other (specify):
 - (11) Return of completed questionnaire
 - (12) Partial interview
 - (13) Complete interview
12. Injury Treatment Status 3
 - (0) No treatment
 - (1) Fatal—died before hospitalization
 - (2) Fatal—died after hospitalization
 - (3) Hospitalization
 - (4) Emergency room treatment only
 - (5) Treatment at physician's office
 - (6) Treatment at scene or self treatment
 - (7) Outpatient surgery
 - (8) Transported—unknown level of treatment
 - (9) Unknown

13. Injury Information

Official

- | | Form Received | Record Status |
|--|---------------|---------------|
| a. Autopsy (invasive examination) | ___ | ___ |
| b. Post-ER medical record which includes information about death based on non-invasive examination | ___ | ___ |
| c. Admission record/summary of admission/discharge face sheet | ___ | ___ |
| d. Discharge summary | ___ | ___ |
| e. Operative report | ___ | ___ |
| f. Radiographic record(s) post ER visit | ___ | ___ |
| g. History and physical examination and/or consultation records | ___ | ___ |
| h. Emergency room records | ___ | ___ |
| i. Radiographic record(s) associated with ER visit | ___ | ___ |
| j. Private physician | ___ | ___ |

Unofficial

- | | | |
|-------------------------------------|----------|-----|
| k. Lay coroner | ___ | ___ |
| l. EMS record | ___ | ___ |
| m. Interviewee | ___ | ___ |
| n. Other source (specify): <u>B</u> | <u>B</u> | ___ |
| o. Police report | <u>B</u> | ___ |

(See reverse side of this page for codes for variable 13)

14. Medical Facility Code

TO BE COMPLETED BY ZONE CENTER

15. Documentation of Occupant Interview (Excludes Injury Data)

- (0) Not applicable
- (1) Substandard
- (2) Standard
- (3) Above Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						

Data Status Codes:

- | | |
|---------------------------|-----------------------------|
| (Blank) Correct | (5) Sequencing error |
| (1) Derived error | (7) Incorrect edit override |
| (2) Non-correctable error | (8) MDE error |
| (3) Correctable error | (9) Unknown coded |
| (4) Change—no error | |



U.S. Department of Transportation

National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number <u>NCSE</u></p> <p>2. Case Number - Stratum <u>9204</u></p> <p>3. Vehicle Number <u>02</u></p> <p>4. Occupant Number <u>02</u></p> <p>OCCUPANT'S CHARACTERISTICS</p> <p>5. Occupant's Age <u>73</u> Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown</p> <p>6. Occupant's Sex <u>1</u> (1) Male (2) Female (9) Unknown</p> <p>7. Occupant's Height <u>73</u> Code actual height to the nearest inch. (99) Unknown</p> <p>8. Occupant's Weight <u>205</u> Code actual weight to the nearest pounds. (999) Unknown</p> <p>9. Occupant's Role <u>2</u> (1) Driver (2) Passenger (9) Unknown</p> <p>10. Occupant's Seat Position <u>13</u> <i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant <i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant <i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant <i>Fourth Seat</i> (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown</p>	<p>11. Occupant Posture <u>9</u> (0) Normal posture (1) Abnormal posture (specify): (9) Unknown</p> <p>EJECTION/ENTRAPMENT</p> <p>12. Ejection <u>0</u> (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>13. Ejection Area <u>0</u> (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown</p> <p>14. Ejection Medium <u>0</u> (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown</p> <p>15. Medium Status (Immediately Prior To Impact) <u>0</u> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown</p> <p>16. Entrapment <u>1</u> (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown</p> <p>73</p>
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RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Did Air Bag System Fail? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 5

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position) 01
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 4
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model _____
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
- (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat _____
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation _____
- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight*
- (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation

- Designed For Forward Facing for This Age/Weight*
- (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____
 - (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage _____

32. Child Safety Seat Shield Usage _____

33. Child Safety Seat Tether Usage _____

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify): _____

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____

(9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 62

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death 01

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0141. 2nd Medically Reported Cause of Death 0242. 3rd Medically Reported Cause of Death 99

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (specify): _____

(99) Unknown

43. Number of Recorded Injuries for This Occupant 03

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score (at Medical Facility)**

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood?

- (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



OCCUPANT ASSESSMENT LOG

TO BE COMPLETED BY TEAM

1. PSU Number NCST
2. Case Number—Stratum 9204
3. Researcher Completing Form
4. Vehicle Number 02
5. Occupant Number 02
6. Interviewer Number
7. Date Interview Completed / /
8. Occupant's Role 2
 - (1) Driver
 - (2) Passenger
 - (3) Unknown
9. Interviewee For This Occupant 3
 - (0) No interview
 - (1) Same person

Surrogate

 - (2) Other occupant
 - (3) Relative or friend
 - (4) Multiple interviewees from above categories (specify):
10. Manner Of Interview 1
 - (0) No attempt
 - (1) Telephone
 - (2) In-person
 - (3) Questionnaire
 - (9) Unknown (for Zone Center use only)
11. Result Of Last Interview Attempt 12
 - (01) Unable to contact or locate
 - (02) Hit and run
 - (03) Fatal—surrogate not available
 - (04) In intensive care—surrogate not available
 - (05) Out-of-state resident
 - (06) Refused interview
 - (07) Insurance company refusal
 - (08) Attorney refusal or litigation
 - (09) No return of questionnaire
 - (10) Other (specify):
 - (11) Return of completed questionnaire
 - (12) Partial interview
 - (13) Complete interview
12. Injury Treatment Status 1
 - (0) No treatment
 - (1) Fatal—died before hospitalization
 - (2) Fatal—died after hospitalization
 - (3) Hospitalization
 - (4) Emergency room treatment only
 - (5) Treatment at physician's office
 - (6) Treatment at scene or self treatment
 - (7) Outpatient surgery
 - (8) Transported—unknown level of treatment
 - (9) Unknown

13. Injury Information

Official

- | | Form Received | Record Status |
|--|---------------|---------------|
| a. Autopsy (invasive examination) | ___ | ___ |
| b. Post-ER medical record which includes information about death based on non-invasive examination | ___ | ___ |
| c. Admission record/summary of admission/discharge face sheet | ___ | ___ |
| d. Discharge summary | ___ | ___ |
| e. Operative report | ___ | ___ |
| f. Radiographic record(s) post ER visit | ___ | ___ |
| g. History and physical examination and/or consultation records | ___ | ___ |
| h. Emergency room records | ___ | ___ |
| i. Radiographic record(s) associated with ER visit | ___ | ___ |
| j. Private physician | ___ | ___ |

Unofficial

- | | | |
|--|----------|-----|
| k. Lay coroner | ___ | ___ |
| l. EMS record | ___ | ___ |
| m. Interviewee | ___ | ___ |
| n. Other source (specify): <u> </u> | <u>B</u> | ___ |
| o. Police report | <u>B</u> | ___ |

(See reverse side of this page for codes for variable 13)

14. Medical Facility Code

TO BE COMPLETED BY ZONE CENTER

15. Documentation of Occupant Interview (Excludes Injury Data)

- (0) Not applicable
- (1) Substandard
- (2) Standard
- (3) Above Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						

Data Status Codes:

- | | |
|---------------------------|-----------------------------|
| (Blank) Correct | (5) Sequencing error |
| (1) Derived error | (7) Incorrect edit override |
| (2) Non-correctable error | (8) MDE error |
| (3) Correctable error | (9) Unknown coded |
| (4) Change—no error | |



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>NCSE</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9204</u>	4. Occupant Number	<u>01</u>

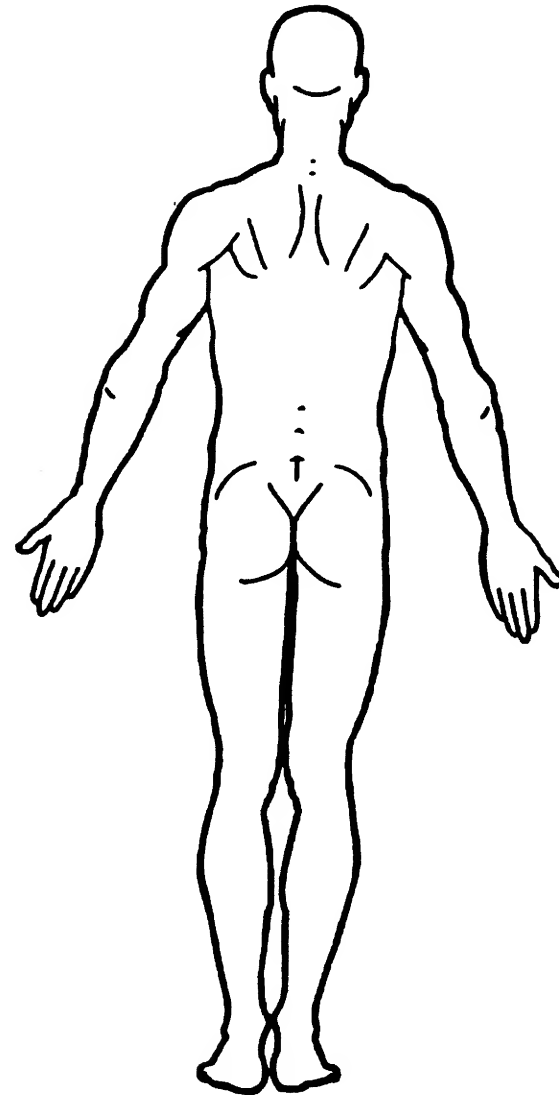
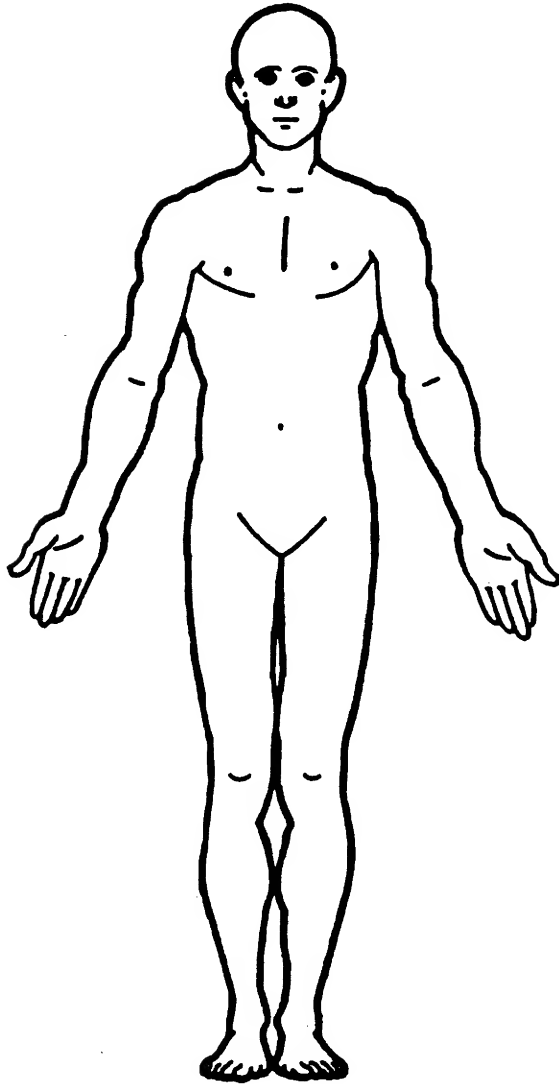
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>7</u>	6. <u>Q</u>	7. <u>R</u>	8. <u>F</u>	9. <u>S</u>	10. <u>2</u>	11. <u>56</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>Q</u>	17. <u>L</u>	18. <u>F</u>	19. <u>S</u>	20. <u>2</u>	21. <u>56</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. ____	26. ____	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____
4th	35. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____
5th	45. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____
6th	55. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____
7th	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____
8th	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____
9th	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____
10th	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (G) Detachment, separation
- (D) Dislocation

(F) Fracture

- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

(L) Liver

- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol
Level (mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

Arterial Blood
Gases

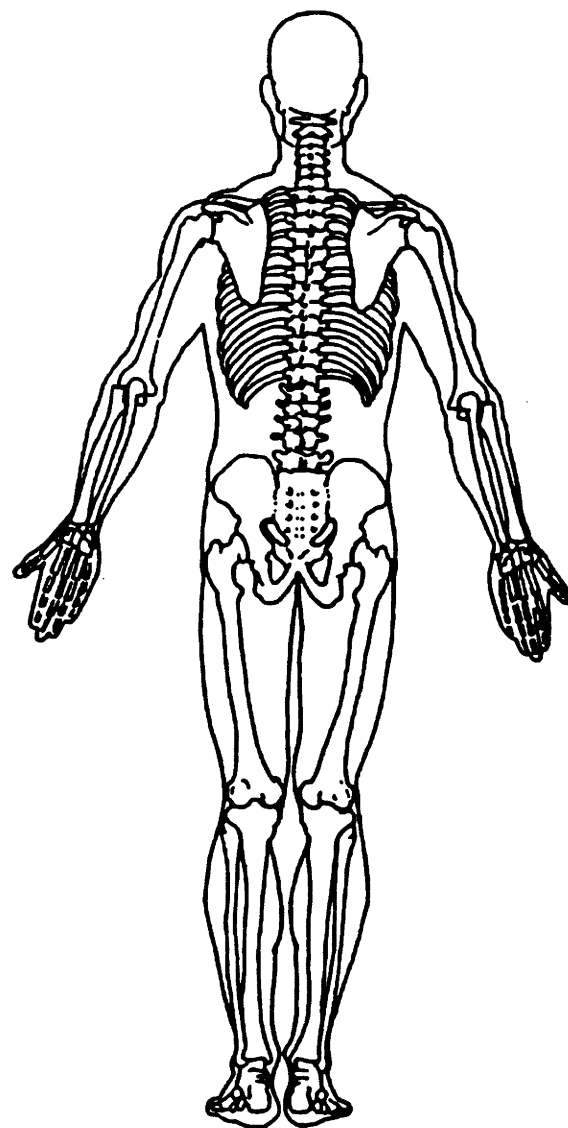
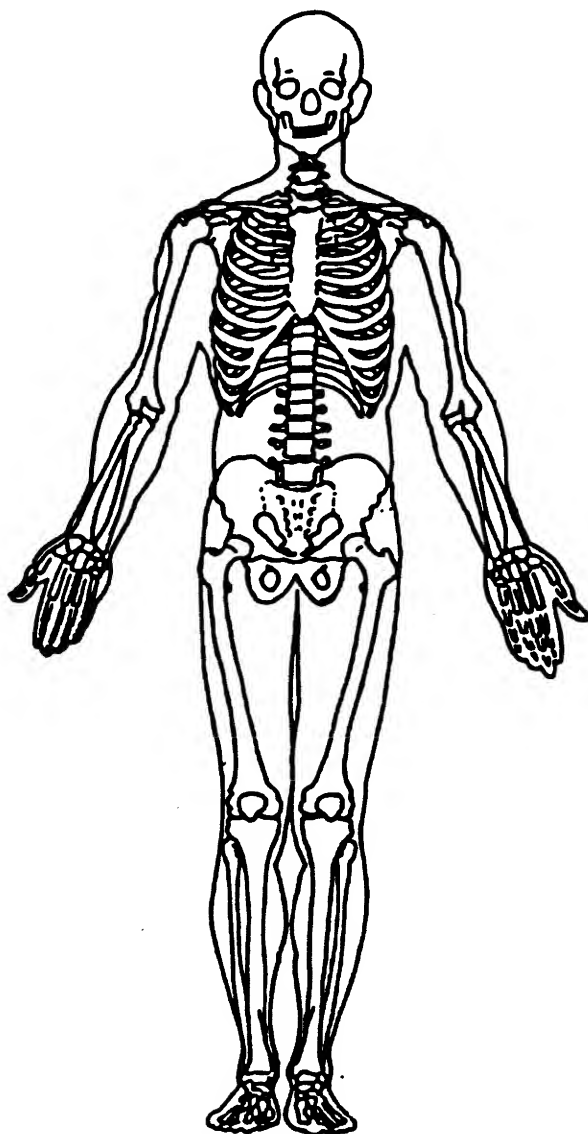
pH =

PO₂ =

PCO₂

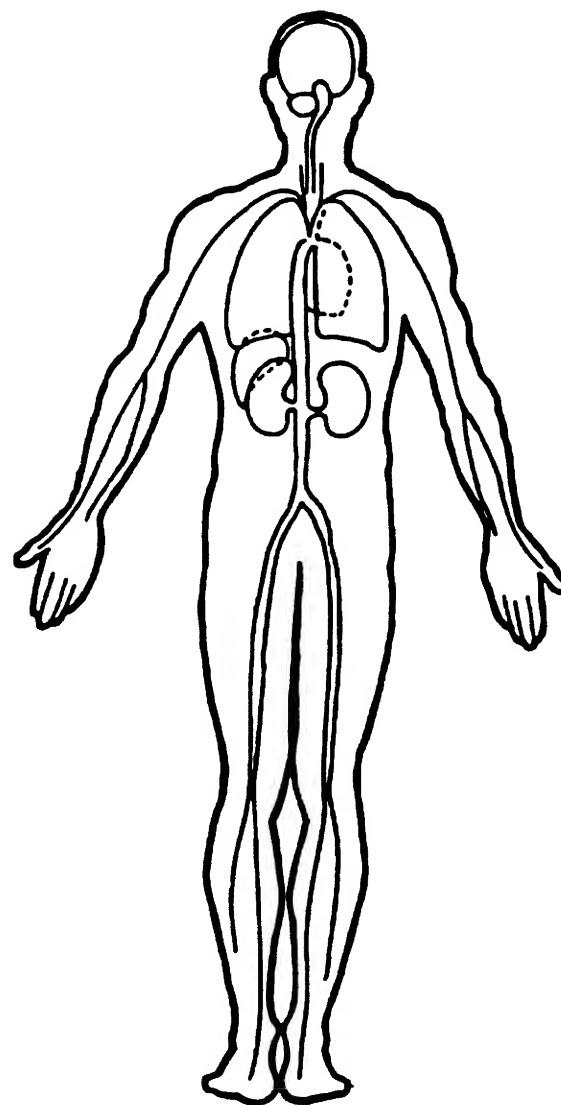
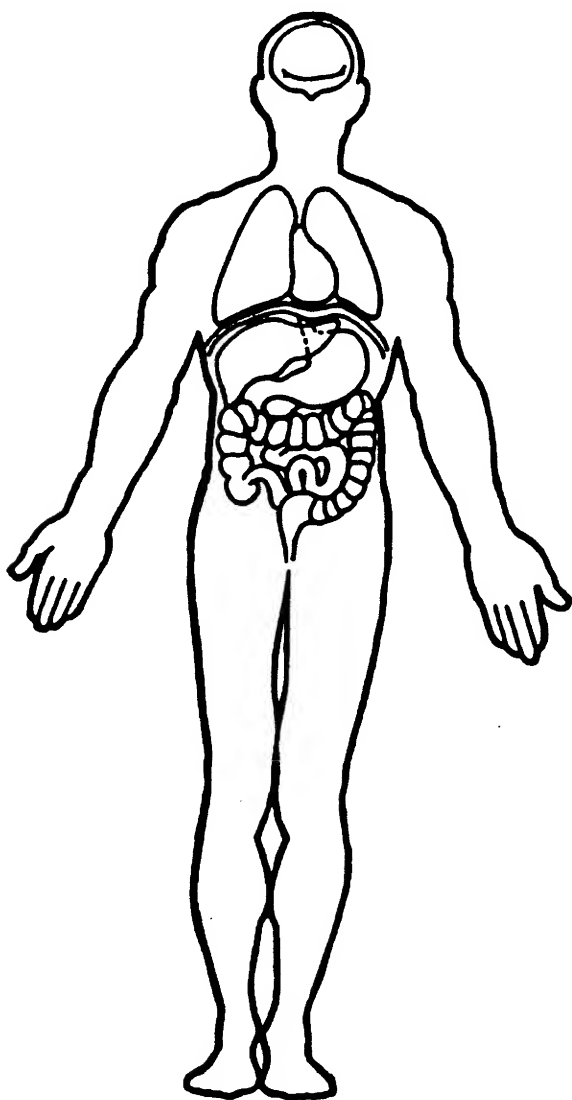
HCO₃

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>NCSE</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9204</u>	4. Occupant Number	<u>02</u>

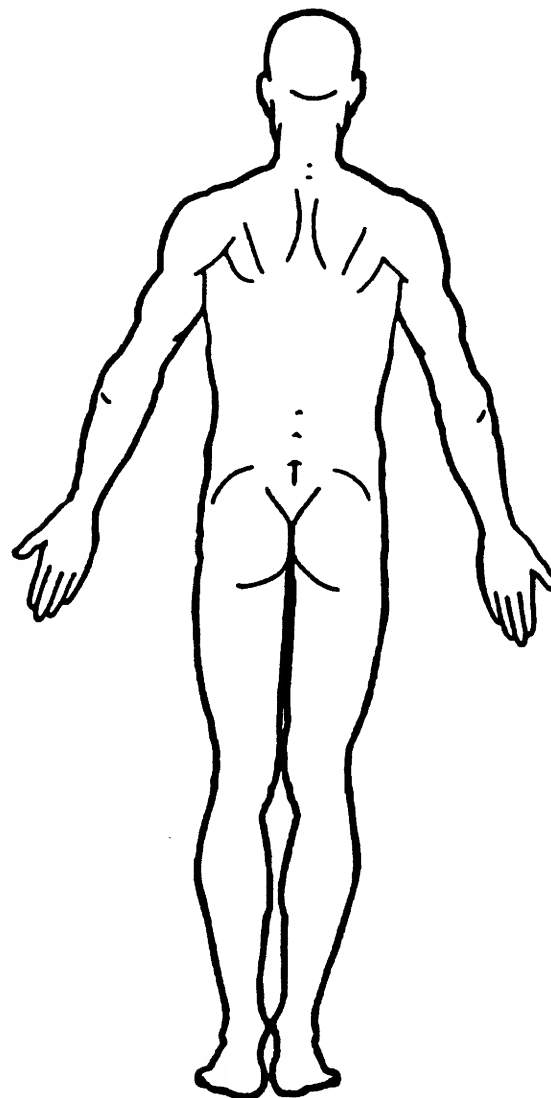
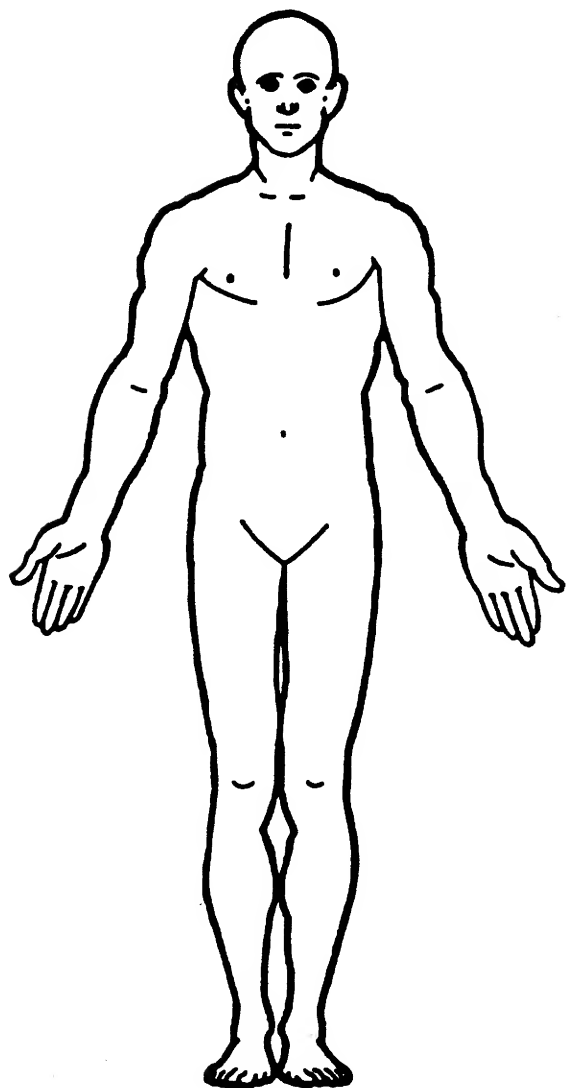
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>7</u>	6. <u>N</u>	7. <u>R</u>	8. <u>F</u>	9. <u>S</u>	10. <u>2</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>7</u>	16. <u>C</u>	17. <u>4</u>	18. <u>4</u>	19. <u>4</u>	20. <u>7</u>	21. <u>11</u>	22. <u>1</u>	23. <u>1</u>	24. <u>02</u>
3rd	25. <u>7</u>	26. <u>C</u>	27. <u>4</u>	28. <u>4</u>	29. <u>4</u>	30. <u>7</u>	31. <u>11</u>	32. <u>1</u>	33. <u>1</u>	34. <u>02</u>
4th	35. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____
5th	45. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____
6th	55. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____
7th	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____
8th	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____
9th	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____
10th	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol
Level (mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

Arterial Blood
Gases

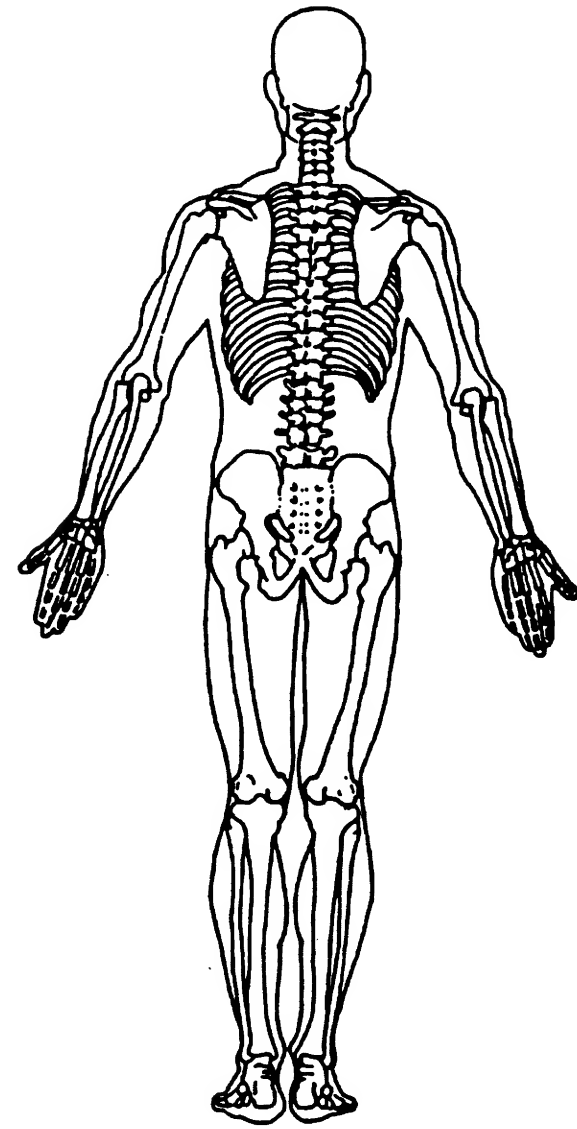
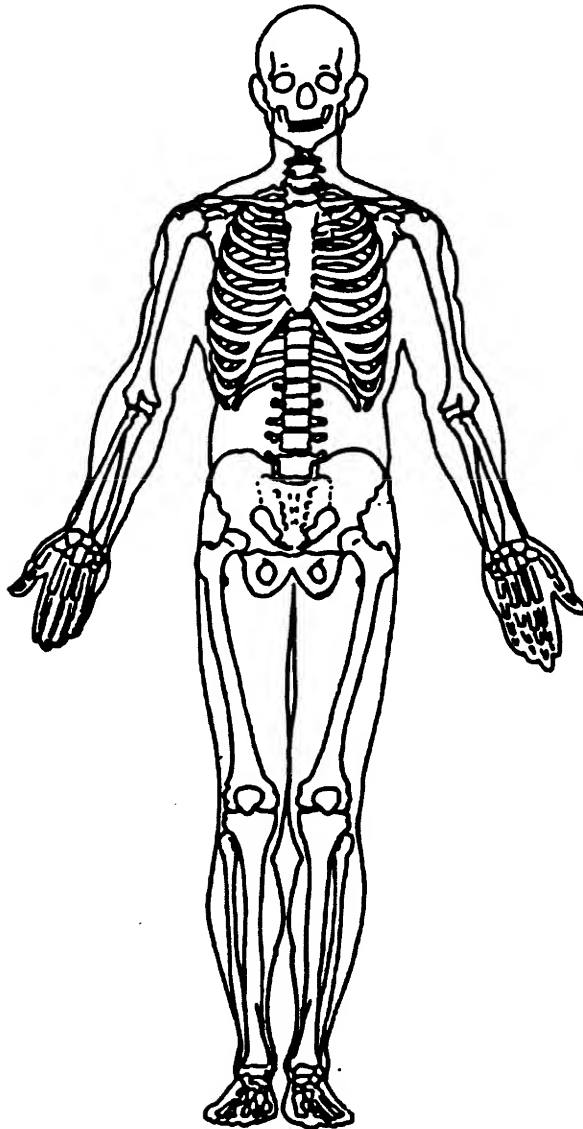
pH =

PO₂ =

PCO₂

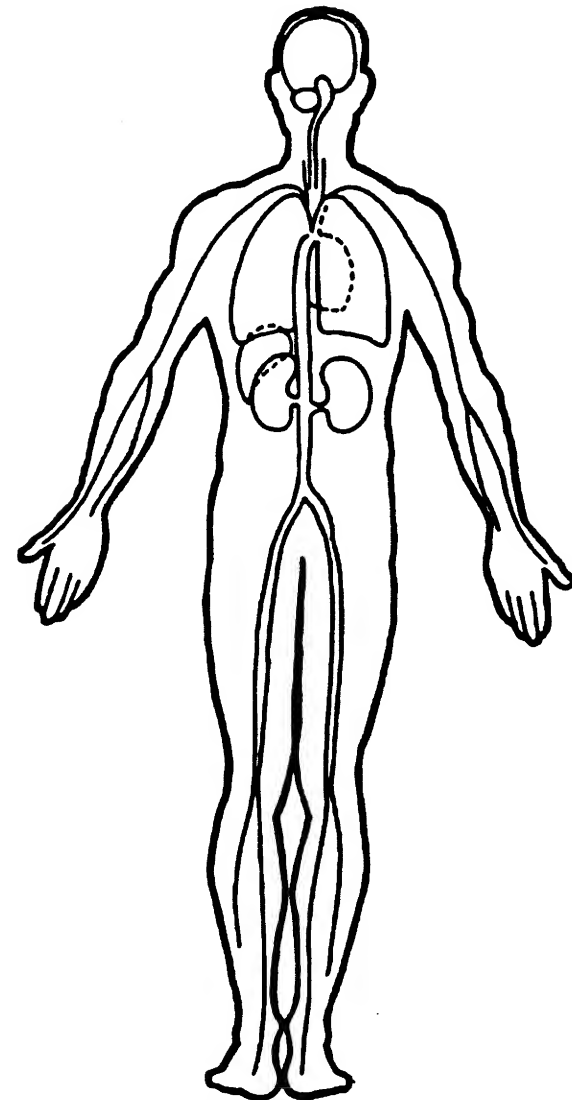
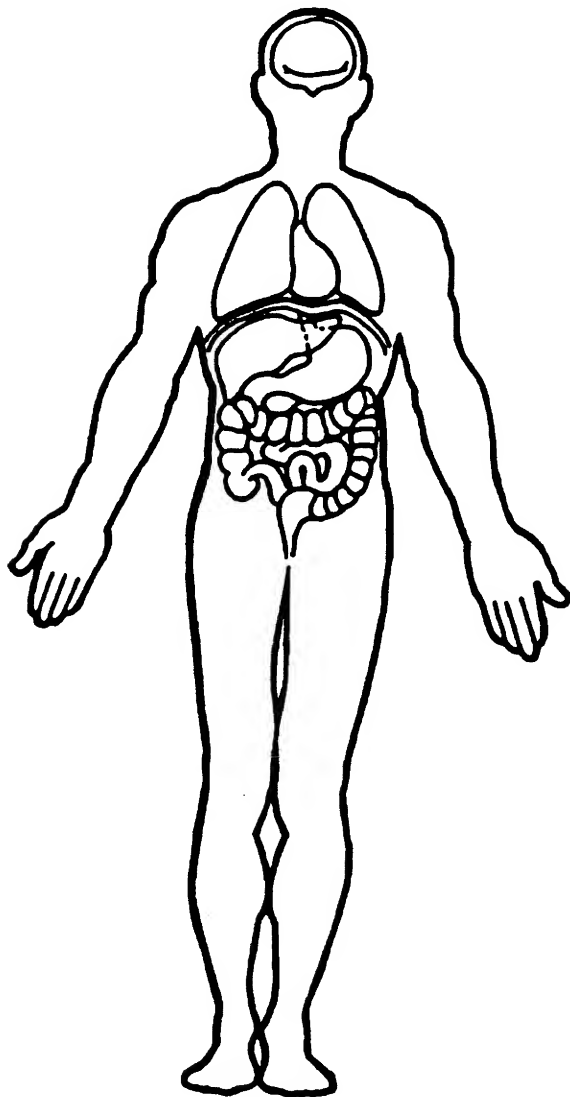
HCO₃

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Appendix C
Airbag Supplement

AIRBAG VEHICLE INSPECTION

DATE VEH. INSPECTED 11/11/19

REASON VEHICLE NOT INSPECTED

(0) Not Required
(1) Inspection Completed
(2) Cannot be Located**
(3) Repaired or Destroyed**
(5) Refual or Impounded**
(7) Other*
**Specify: _____

IMPACT DATA OBTAINED

- (0) No Data Obtained
- (1) CDC Only
- (2) Crush Profile Only
- (3) Trajectory Data Only
- (4) CDC and Crush Profile
- (5) CDC and Trajectory
- (6) Crush and Trajectory
- (7) CDC, Crush & Trajectory

BASIS OF DELTA-V

- (0) Not Computed (Unknown Why)
- (1) CRASH - Damage Only
- (2) CRASH - Damage+Trajectory
- (3) Missing Vehicle Algorithm
- (4) Yielding Object Algorithm
- (5) Unknown Basis
- (6) One Vehicle Beyond Scope
- (7) Collision Beyond Scope
- (8) Insufficient Data

VEHICLE HISTORY

- HAS AIRBAG VEHICLE BEEN IN
ANY PRIOR IMPACTS (1.2.9)*

HAS ANY PRIOR MAINTENANCE/SERVICE
BEEN PERFORMED ON SYSTEM(1,2,9)* 9

*Describe:

AIRBAG VEHICLE: FLEET *Rental Car*

VIN _____

MILEAGE 4045.5

Model Year, Make, Model, Body Type:

92 CHEVROLET CORSSICA

SYSTEM READINESS LAMP
In Instrument Cluster)

PRE-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

**DRIVER'S REPORT OF
PRE-IMPACT FLASHING**

- (00) No Flashing Reported
- (01) Continuous Flashing
- (02) -- >Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not App (system removed)
- (99) Unknown

PERIOD OF PRE-IMPACT FLASHING

- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown

POST-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

POST-IMPACT FLASHING

- (00) No Flashing
- (01) Continuous Flashing
- (02) -- >Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not Appl (removed)
- (99) Unknown

**AIRBAG VEHICLE
FIRST HARMFUL EVENT**

13

- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife with intraunit damage
- Collision With:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- Collision with Fixed Object:
- (20) Building
- (21) Impact attenuator/Crash Cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/Traffic sign post
- (30) Overhead sign support
- (31) Luminaire/Light support
- (32) Utility pole
- (33) Other post, pole, or support (specify):
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone or concrete
- (39) Fence (wooden, wire, chain link, etc.)
- (40) Wall (stone, rock, metal, etc.)
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity (pothole, grooved, grates)
- (99) Unknown

AIRBAG VEHICLE IMPACT SUMMARY

VEHICLE ROLE

- (0) Non-collision
 (1) Striking Unit
 (2) Struck Unit
 (3) Both Striking and Struck
 (9) Unknown

MANNER OF LEAVING SCENE

- (1) Driven
 (2) Towed-due to damage
 (3) Towed - not for damage
 (4) Towed - details unknown
 (5) Abandoned
 (9) Unknown

NUMBER OF IMPACT EVENTS

- (8) 8 or more, (9) Unknown

- ROLLOVER (0) No Rollover
 (1) First Event
 (2) Subsequent Event
 (3) Yes, Unknown Event
 (9) Unknown

VERRIDE/UNDERRIDE

- (1) No over/underride
 (1) Override - 1st CDC
 (3) - Other CDC
 (4) Underride - 1st CDC
 (6) - Other CDC
 (9) Unknown

AIRBAG VEHICLE DAMAGE

- CODES: (1) Yes, DAMAGED
 (2) No Damage
 (9) Unknown

LEFT FRONT FENDER DAMAGE

RIGHT FRONT FENDER DAMAGE

CENTER TOP OF GRILLE DAMAGE

FRONT BUMPER E.A. STATUS: Left

- (1) Normal Right
 (2) Extended
 (3) Partial Compression
 (4) Complete Compression
 (5) Not Applicable
 (9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonColl:eg Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC 12 - FDEW - 6OBJECT CONTACTED: 92 Pont. GRAND Am

PRIMARY/DEPLOYMENT IMPACT:

EVENT NUMBER

TOTAL DELTA-V

LONGITUDINAL DELTA-V

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonColl:eg Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC 12 - FDEW - 6OBJECT CONTACTED: GRAND Am

NOTES:

AIRBAG SYSTEM DAMAGE

ODES: (1) Yes, Damaged*
 (2) No, Intact
 (8) Not App. (Removed)
 (9) Unknown

AIRBAG MODULE

SENSORS: Left Front

Center Front

Right Front

Rear, Cowl

DIAGNOSTIC MODULE

WIRING

KNEE DIVERter

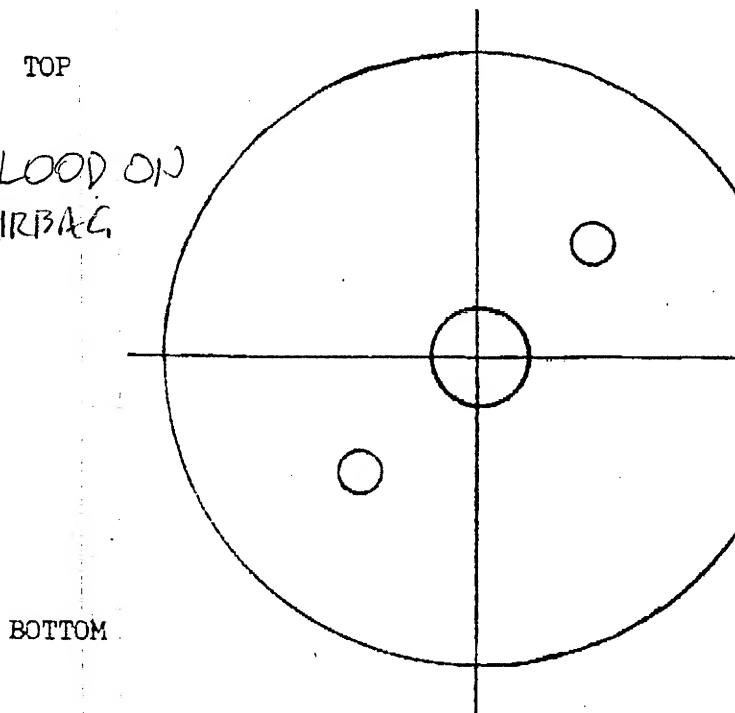
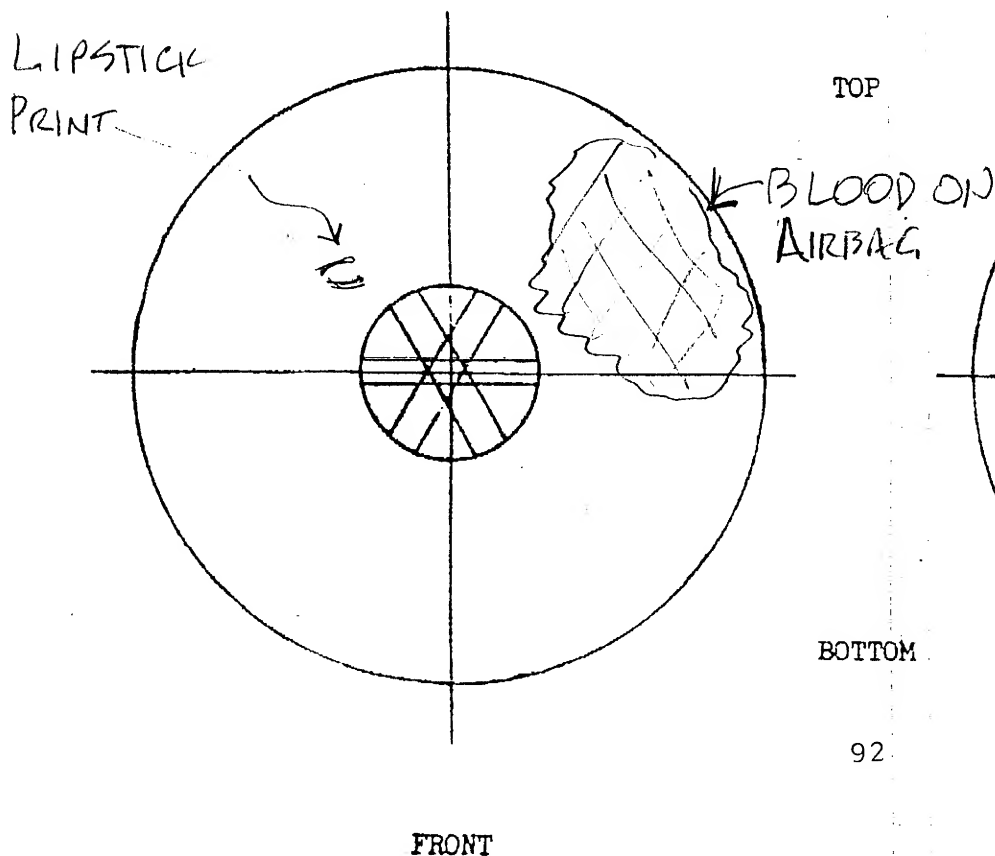
INDICATION OF DISCONNECTED
 OR LOOSE ELECTRICAL
 CONNECTORS

CONDITION OF DEPLOYED BAG

(1) Bag Intact
 (2) Split or Torn*
 (3) Cut by Object in Impact*
 (4) Cut after Accident*
 (5) Other (e.g., burned)*
 (8) N/A (not deployed)
 (9) Unknown

*DESCRIBE System and Bag Damage:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:



OCCUPANTS/DRIVER

AIRBAG SUPPLEMENT AE

OCCUPANTS of AIRBAG CAR			NOTES:
NUMBER OF OCCUPANTS IN VEHICLE	<u>2</u>		
(8) 8 or more	<u>2</u>		
NUMBER OF INJURED PERSONS	<u>7</u>		
MAXIMUM AIS IN AIRBAG VEHICLE	<u>7</u>		
(0) No Injury	FATAL		
(1-6) AIS Severity			
(7) Injured, Unknown Severity			
(9) Unknown			
DRIVER AGE <u>52</u> SEX <u>F</u>			
NUMBER OF DRIVER INJURIES	<u>2</u>		
SOURCE OF BEST INJURY DATA	<u>7</u>		
(0) Not Injured			
(1) Autopsy w/wo med. records			
(2) Hospital Medical Records			
(3) Emergency Room only			
(4) Private physician, Clinic			
(5) Lay Coroner Report			
(6) EMS Personnel			
(7) Interviewee			
(8) Police			
(9) Unknown			

MAXIMUM AIS BY BODY REGION			
REGION	MAX AIS	CONTACT	
Head/Neck/Face	<u>7</u>	<u>7</u> <u>7</u>	
Chest	<u>7</u>	<u>1</u> <u>1</u>	
Abdomen	<u> </u>	<u> </u> <u> </u>	
Leg/Hips	<u>2</u>	<u> </u> <u> </u>	
Other (Arms)	<u> </u>	<u> </u> <u> </u>	
DRIVER MAXIMUM	<u>2</u>	<u>56</u>	

EJECTION: Extent <u> </u>			
Portal <u> </u>			

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 1Evidence: BELTS CUT FOR EXTRICATIONDRIVER POSTURE: Any Comments Recorded (1) Yes, (2) No 1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER SUFFERED FRACTURES OF BOTH HEELSDRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) Unknown 1Describe: BLOOD ON BAG

Appendix D
Newspaper Article

Dr. [REDACTED] noted pastor, dies in crash

Colorado wreck claims 2 others

[REDACTED] region editor

The Rev. [REDACTED] — the pastor for 21 years at [REDACTED]

who later became pastor to President [REDACTED] died [REDACTED] in a head-on car crash near [REDACTED] Colo.

[REDACTED] 73, pastor of a [REDACTED] church, and his wife, [REDACTED] were on their way to [REDACTED] to visit a friend after attending a meeting of the [REDACTED] in Denver.

The [REDACTED] State Patrol reported [REDACTED] was killed [REDACTED] afternoon when a car driven by [REDACTED] 51, of [REDACTED] drifted across the center line of Highway [REDACTED] about three miles east of [REDACTED] and hit the [REDACTED] vehicle head-on. [REDACTED] and her husband, [REDACTED] 51, were also killed.

The [REDACTED] car was driven by his wife, [REDACTED] 52, who was aided by a driver's side air bag. Both

were wearing seat belts.

[REDACTED] was listed in stable condition with a broken heel at [REDACTED] Medical Center in [REDACTED] afternoon.

After the [REDACTED] car struck the [REDACTED] it spun 180 degrees and hit another car, according to [REDACTED] trooper [REDACTED]

but the occupant of that car was not injured.

"There's no way to prove it, but it is my opinion at this point that she [REDACTED] went to sleep at the wheel," [REDACTED] said.

He said both cars were going about 55 mph, the pavement was dry and the sun was shining at the time of the accident.

The [REDACTED] were going to [REDACTED] to visit [REDACTED] retired executive secretary of the [REDACTED] and a

longtime friend of [REDACTED] served two terms as chairman of the commission.

[REDACTED] was pastor of [REDACTED] in [REDACTED] when [REDACTED] and his family joined it in 1977.

Please see PASTOR, page A5

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Pastor

Continued from page A1

_____ was pastor of _____ for 21 years and dean of the School of _____ at the University of _____ for 12 years before he moved to _____ in _____. He also was the author of at least four books. _____

"He was loved and revered by the congregation and the community at large," said _____, associate pastor at _____ Baptist in _____, who was a staff member of the church during _____ tenure.

_____ returned to _____ about 10 years ago and became pastor of the non-denominational _____ of the _____

He also was a two-term member of the executive committee of the _____

He was an outspoken proponent of civil rights and was appointed by _____ to a committee investigating racial turmoil in _____ in the early _____

_____ was born in _____ but his parents moved to _____ and he graduated from _____

He attended _____ and was a graduate of _____ college in _____

He held a doctorate of theology from _____

"... It is my opinion at this point that she (the other driver) went to sleep at the wheel."

_____ and a doctorate in moral philosophy from the _____

He served as a pastor in _____

"He was loved and revered by the congregation and the community at large."

_____ was a professor of religion at _____ and professor of systematic theology at _____

He was associate professor of theology at _____ and rector of that department when he moved to _____

In addition to his wife _____ leaves his _____ two sons by that marriage _____ an associate professor of medicine at _____ and chief of medicine at _____ in _____ He also is survived by second wife, _____

Funeral arrangements are complete.

Appendix E
CRASH 3 Output

SUMMARY OF CRASHPC RESULTS USING DAMAGE

BEST AVAILABLE COPY

NCSI AIRBAG CASE 92-04

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL 66 KPH (41 MPH)
 LONGITUDINAL -66 KPH (-41 MPH)
 LATITUDINAL -6 KPH (-4 MPH)
 PDOF ANGLE 5 DEGREES
 ENERGY DISSIPATED = 229949 JOULES (169579 FT-LB)

VEHICLE #2

TOTAL 70 KPH (43 MPH)
 LONGITUDINAL -70 KPH (-43 MPH)
 LATITUDINAL 6 KPH (4 MPH)
 PDOF ANGLE -5 DEGREES
 ENERGY DISSIPATED = 229949 JOULES (169579 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	3	3
STIFFNESS CATEGORY	9	9
VEHICLE WEIGHT	1260 KGS (2777 LBS)	1197 KGS (2638 LBS)
CDC	12FDEW6	12FDEW6
PDOF ANGLE	5 DEGREES	-5 DEGREES
CRUSH LENGTH	132 CM. (52 IN.)	132 CM. (52 IN.)
C1	36 CM. (14 IN.)	36 CM. (14 IN.)
C2	53 CM. (21 IN.)	53 CM. (21 IN.)
C3	76 CM. (30 IN.)	76 CM. (30 IN.)
C4	94 CM. (37 IN.)	94 CM. (37 IN.)
C5	112 CM. (44 IN.)	112 CM. (44 IN.)
C6	152 CM. (60 IN.)	152 CM. (60 IN.)
D	13 CM. (5 IN.)	13 CM. (5 IN.)
D'	26 CM. (10 IN.)	26 CM. (10 IN.)

(* INDICATES DEFAULT VALUE

DIMENSIONS AND INERTIAL PROPERTIES

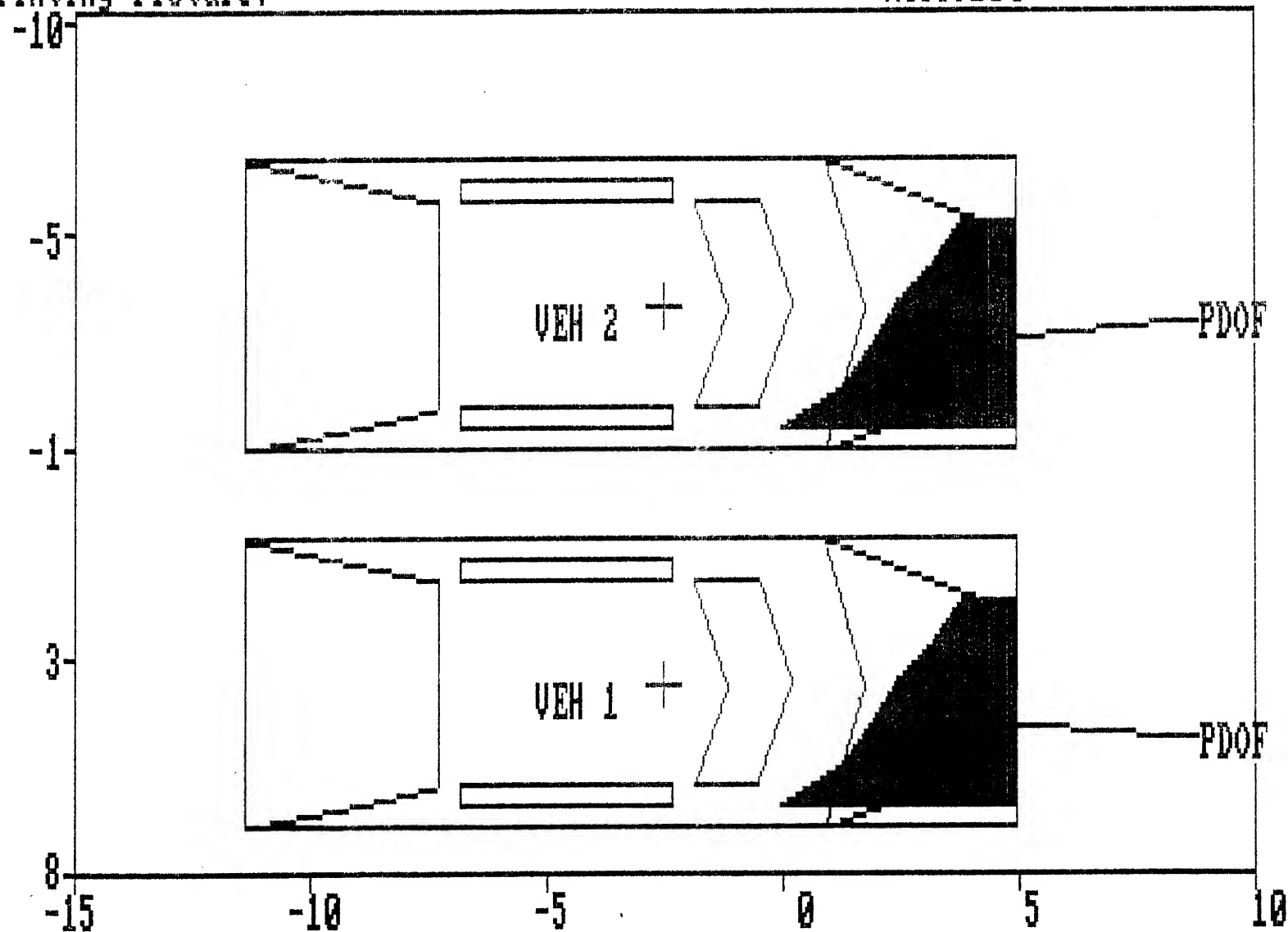
VEHICLE #1

VEHICLE #2

CG TO FRONT AXLE	130 CM. (51 IN.)	130 CM. (51 IN.)
CG TO REAR AXLE	141 CM. (56 IN.)	141 CM. (56 IN.)
TRACK	150 CM. (59 IN.)	150 CM. (59 IN.)
CG TO FRONT OF VEH	228 CM. (90 IN.)	228 CM. (90 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)	-270 CM. (-106 IN.)
CG TO SIDE OF VEH	92 CM. (36 IN.)	92 CM. (36 IN.)
MOMENT OF INERTIA	10887 KGS (24001 LBS)	10342 KGS (22800 LBS)
VEHICLE MASS	3 KGS (7 LBS)	3 KGS (7 LBS)

Printing Picture:

NCSI9204



101